



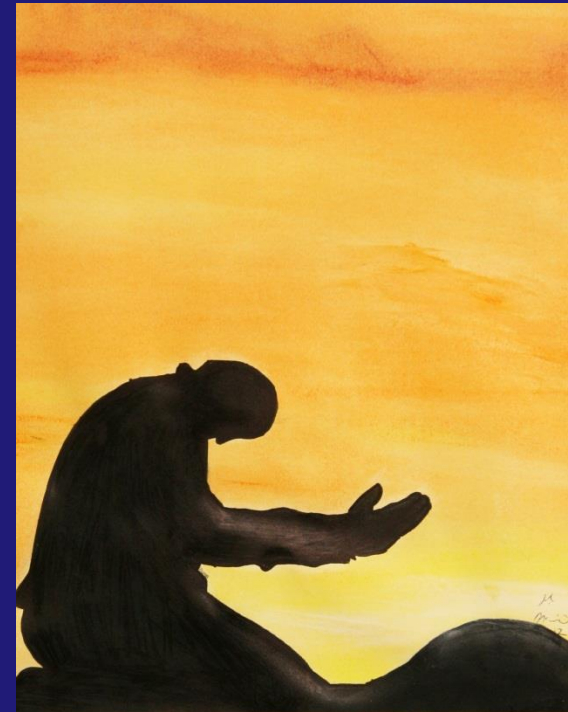
Behavioral Health

Mental Health Services Act (MHSA) Coordination

Community Policy Advisory Committee

Mental Health Services Act,
Community Services and Support:
Year in Review

Sarah Eberhardt-Rios, Deputy Director
Michelle Dusick, Acting MHSA Coordinator
OCTOBER 16, 2014



Artist: Marvin Ray Toms

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the State.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- **Evaluation**
- Budget Allocations

- Community Services and Supports
- Prevention and Early Intervention
- Innovation
- Workforce Education and Training
- Capital Facilities and Technological Needs
- Community Program Planning

Per WIC §5892(a)(5)

- The majority of MHSA funding (80%) is mandated to be directed toward the Community Services and Supports (CSS) component.
- CSS provides enhanced mental health services for Seriously Emotionally Disturbed (SED) children and youth and Seriously Mentally Ill (SMI) adult populations.

Per the California Department of Mental Health Vision Statement and Guiding Principles – 2005...

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

Section I

Purpose and Intent of Mental Health Services Act (MHSA) Community Services and Support (CSS) Component

Purposes of CSS Component

- Develop Full Service Partnerships
 - Full Service Partnership (FSP) programs are designed for individuals who have been diagnosed with a severe mental illness or serious emotional disturbance and would benefit from an intensive service program. FSP programs continue to develop and improve by identifying and implementing key practices that consistently promote good outcomes for mental health clients and their families.
- Provide System Development Programs -General System Development (GSD)
 - GSD funds are used to improve programs, services and supports for the identified initial full service populations, and for other clients consistent with the MHSA target populations. GSD funds help counties improve programs, services and supports for all clients and families to change their service delivery systems and build transformational programs and services.

Purposes of CSS Component (cont'd)

- Provide Outreach and Engagement Services
 - Outreach and engagement activities are specifically aimed at reaching unserved populations. The activities help to engage those reluctant to enter the system and provides funds for screening of children and youth.
- Provide Supportive Housing
 - The Mental Health Services Act (MHSA) Housing Program offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing, including both rental and shared housing, to serve persons with serious mental illness and their families who are homeless or at risk of homelessness.

- **Full Service Partnership Programs**
 - Comprehensive Child and Family Support System
 - Integrated New Family Opportunities
 - TAY- One Stop
 - Forensic Integrated Mental Health
 - Members Assertive Positive Solutions (MAPS)/Assertive Community Treatment (ACT)
 - Homeless Intensive Case Management & Outreach
 - Big Bear FSP
 - Agewise- Mobile Response

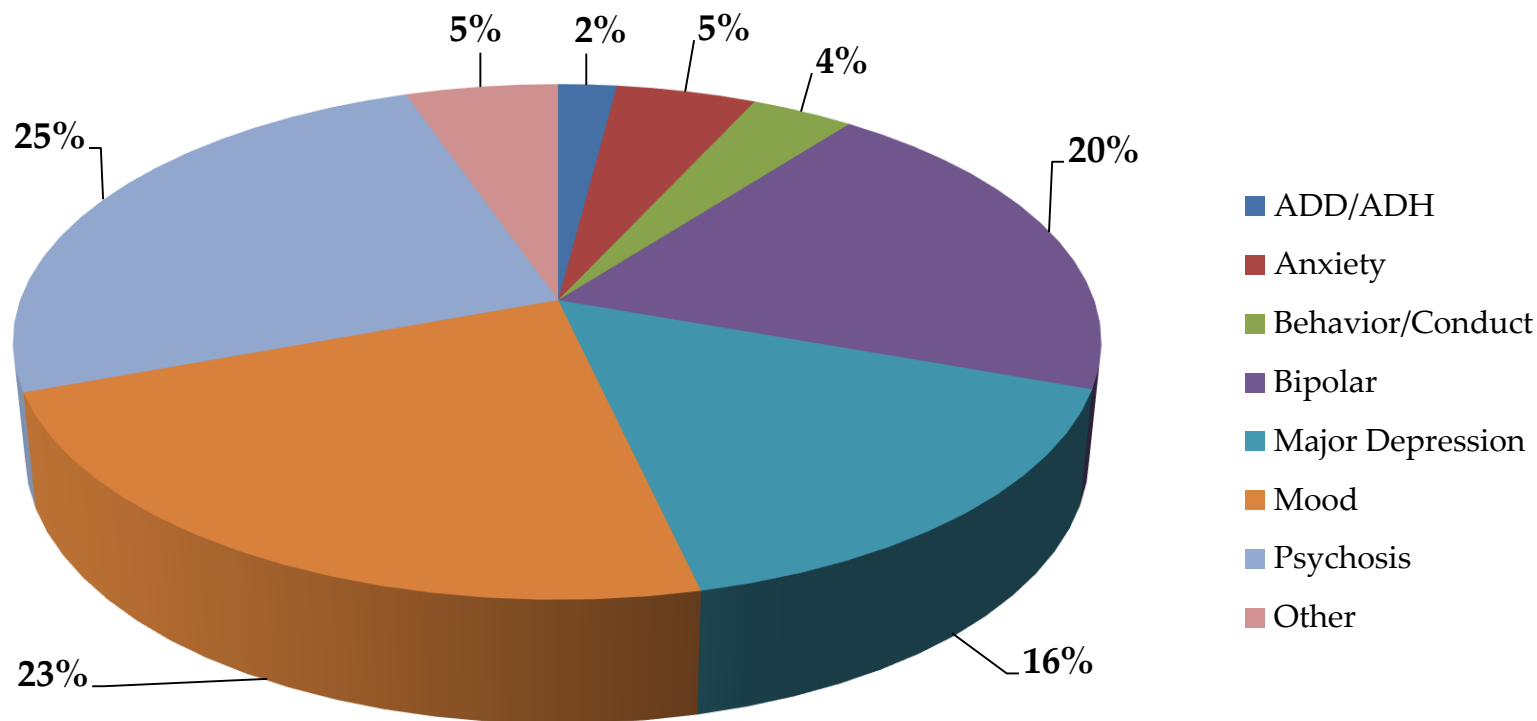
- **General System Development/Outreach and Engagement Programs**
 - Clubhouse Expansion
 - Crisis Walk-In Centers
 - Psychiatric Triage Diversion Program
 - Community Crisis Response Team
 - Agewise Circle of Care
 - Access, Coordination, and Enhancement (ACE)

CSS Programs

- Comprehensive Children and Family Support Services
- Integrated New Family Opportunities (INFO)
- Transition Age Youth (TAY) One Stop Centers
- Clubhouse Expansion Program
- Forensic Integrated Mental Health Services
- Members Assertive Positive Solutions (MAPS)/Assertive Community Treatment (ACT)
- Crisis Walk-in Centers (CWIC)
- Community Crisis Response Team (CCRT)
- Psychiatric Triage Diversion Program
- Homeless Intensive Case Management and Outreach Services
- Big Bear Full Service Partnership
- Access, Coordination, and Enhancement (ACE)
- Agewise – Circle of Care
- Agewise – Mobile Response

- Phoenix Apartments
- Magnolia@ 9th St. Senior Apartments
- Vintage @ Kendall Senior Apartments
- Mt. Breeze Villas Apartments
- Siena Apartments
- Bloomington Project Apartments
- Horizons At Yucaipa (pending)

Primary Diagnosis of CSS Clients



Section I

Please rate on your worksheet your opinion concerning how well the DBH has done in meeting the intent of the MHSA CSS Component.

Legislated Goals of the Community Services and Support (CSS) Component

CSS Legislated Goals:

- Increase self-help and consumer and family involvement
- Increase network of community support services
- Increase access to mental health treatment and services for co-occurring problems; substance abuse and health
- Reduce disparities in racial and ethnic populations
- Reduce Homelessness and increase safe and permanent housing
- Reduce out-of-home placements for children and youth
- Reduce criminal and juvenile justice involvement in target population
- Reduce frequency of emergency room visits and unnecessary hospitalizations
- Reduce the Subjective Suffering from serious mental illness for adults and serious emotional disorders for children and youth

Section II

Increasing Self-Help and Consumer & Family Involvement;

Increasing a Network of Community Supports

INCREASE SELF-HELP AND CONSUMER AND FAMILY INVOLVEMENT



Goal: Increase Self-help and Consumer/Family Involvement

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MHSA Consumer/Family Member Position Audit (February 2013)

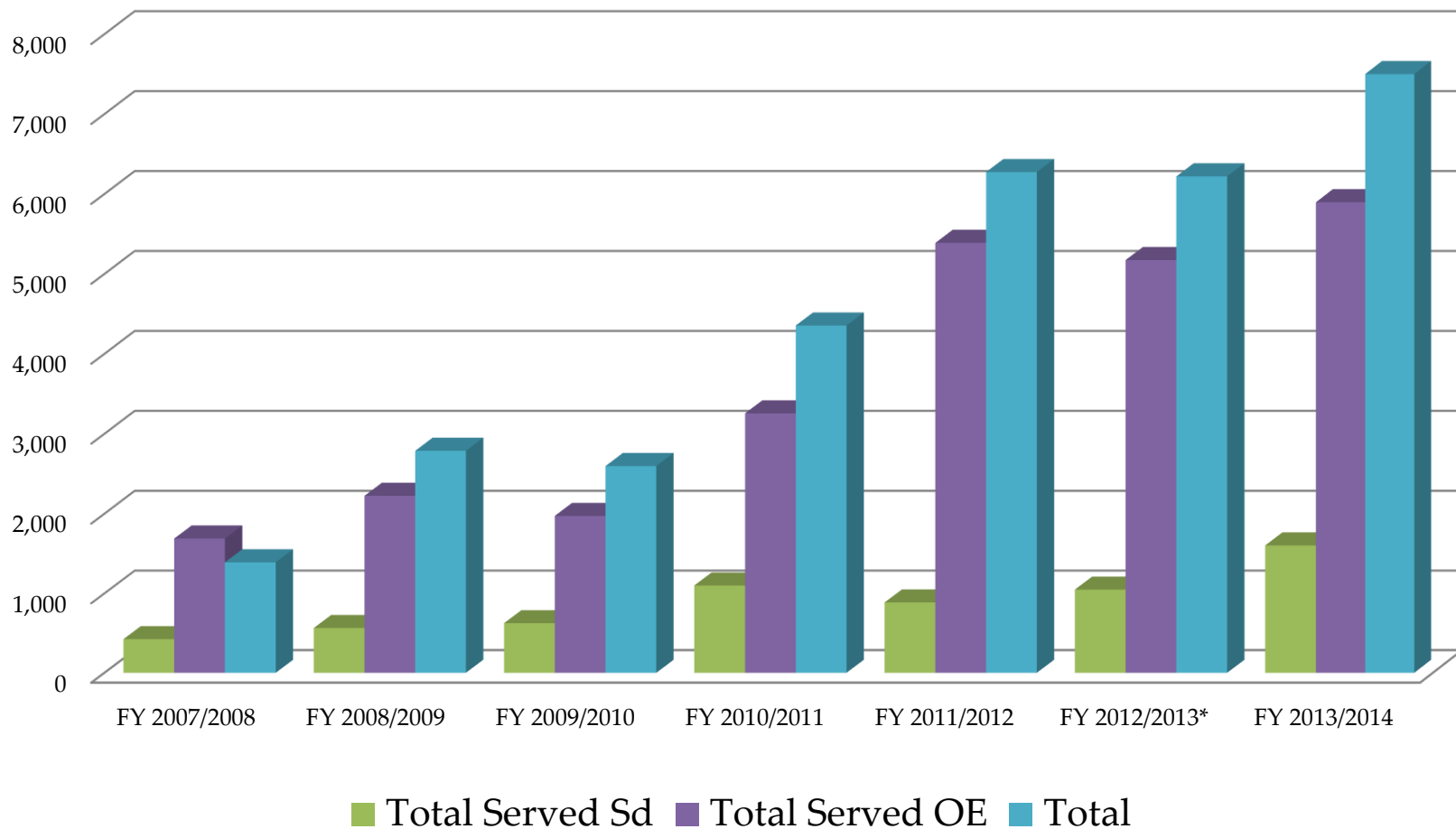
	Number of PFA's Required as part of Program	Number of PFA's Hired/Employed
Contracted Provider Agency	60	51
Department of Behavioral Health	26	22
TOTAL	86	73



Goal: Increase Self-help and Consumer/Family Involvement

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Clubhouse Expansion Program



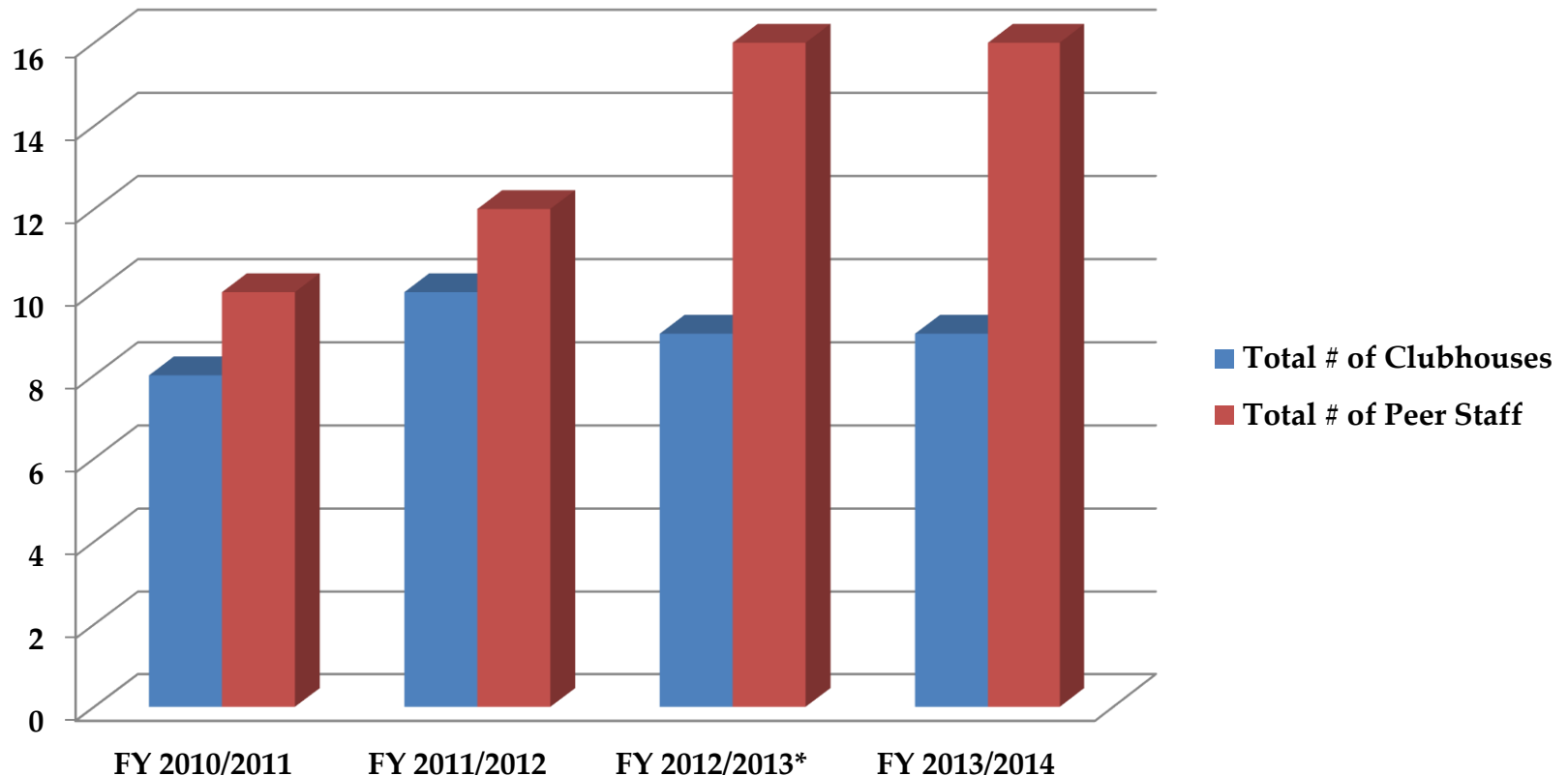
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Goal: Increase Self-help and Consumer/Family Involvement

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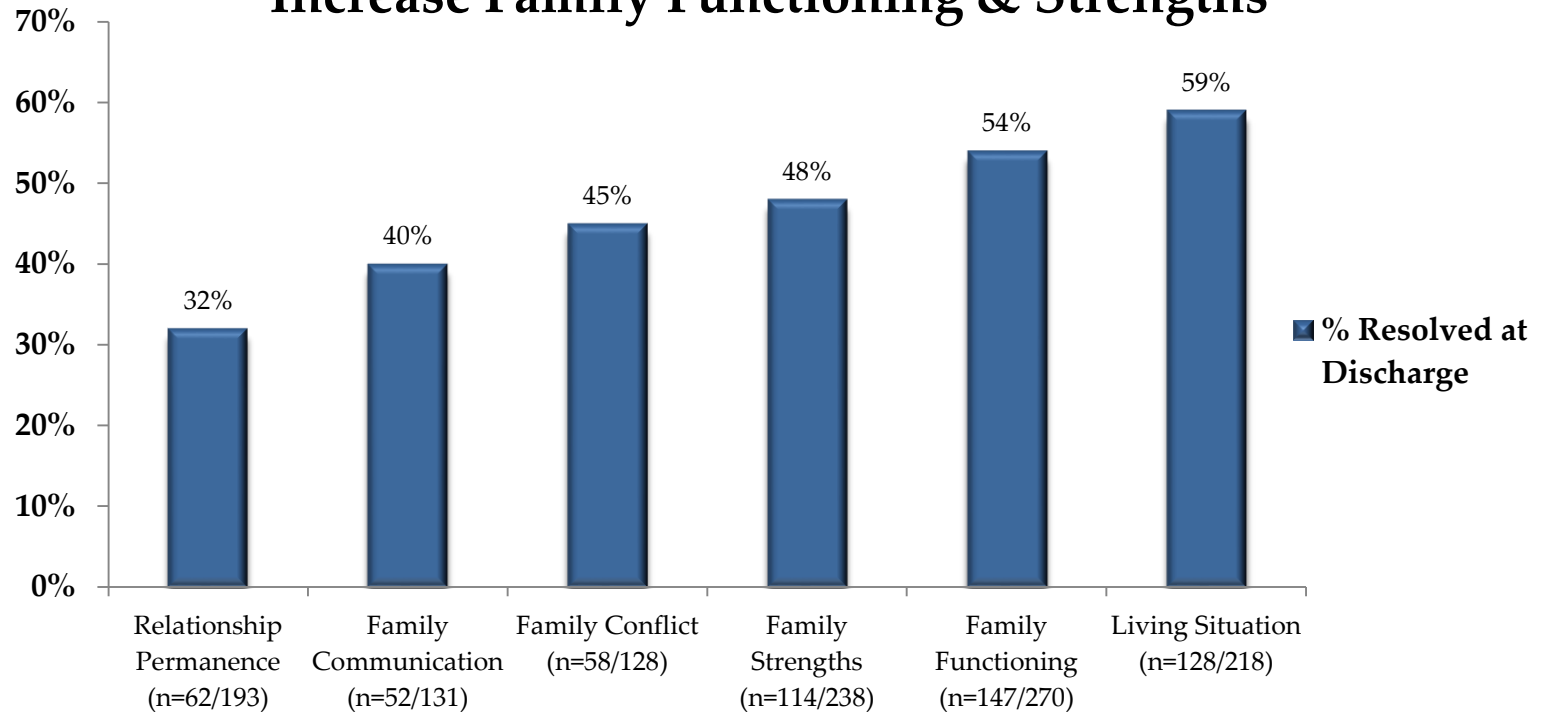
Clubhouses



Goal: Increase Self-help and Consumer/Family Involvement

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Children and Youth: Increase Family Functioning & Strengths

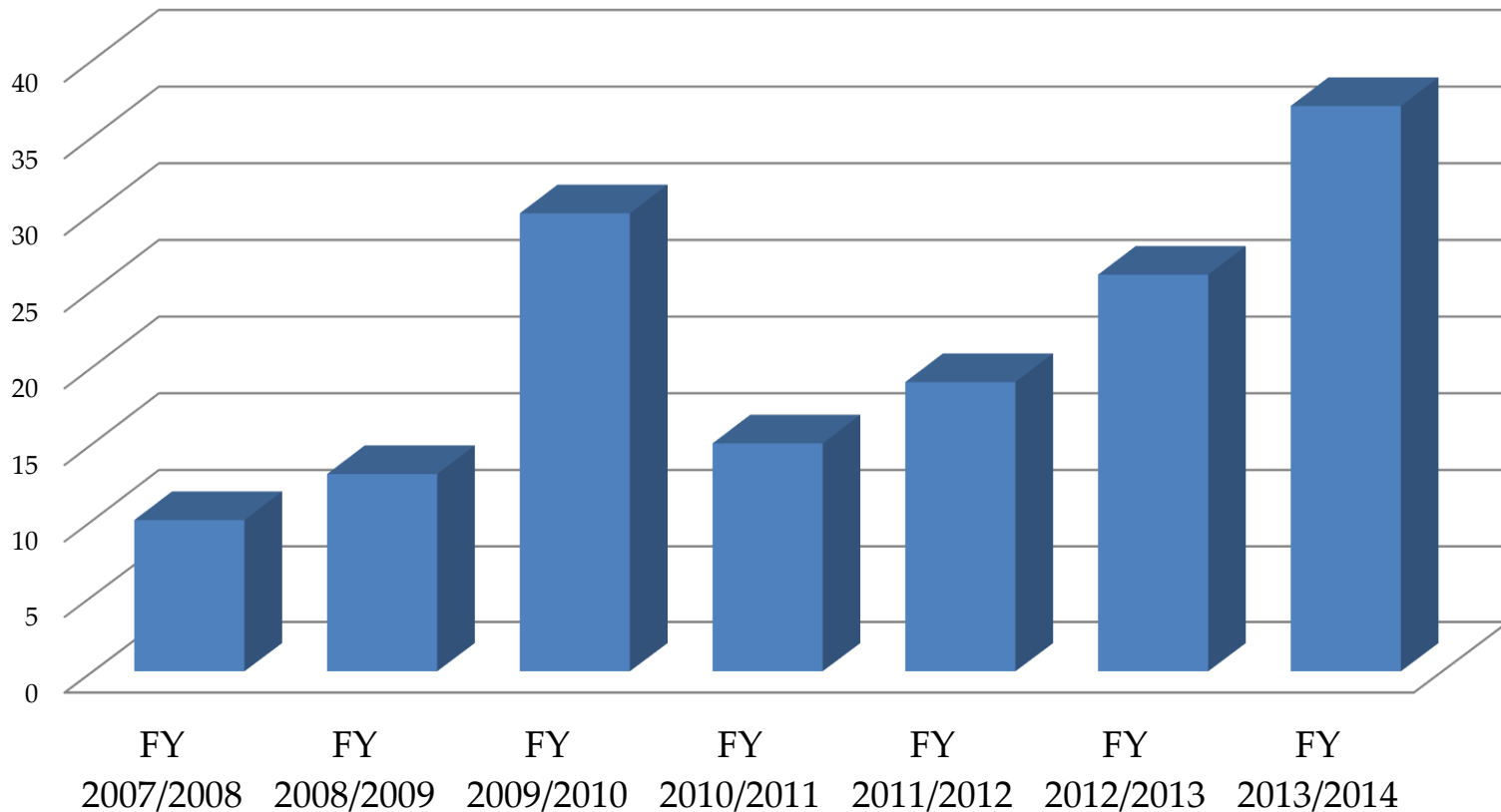


INCREASE NETWORK OF COMMUNITY SUPPORT SERVICES

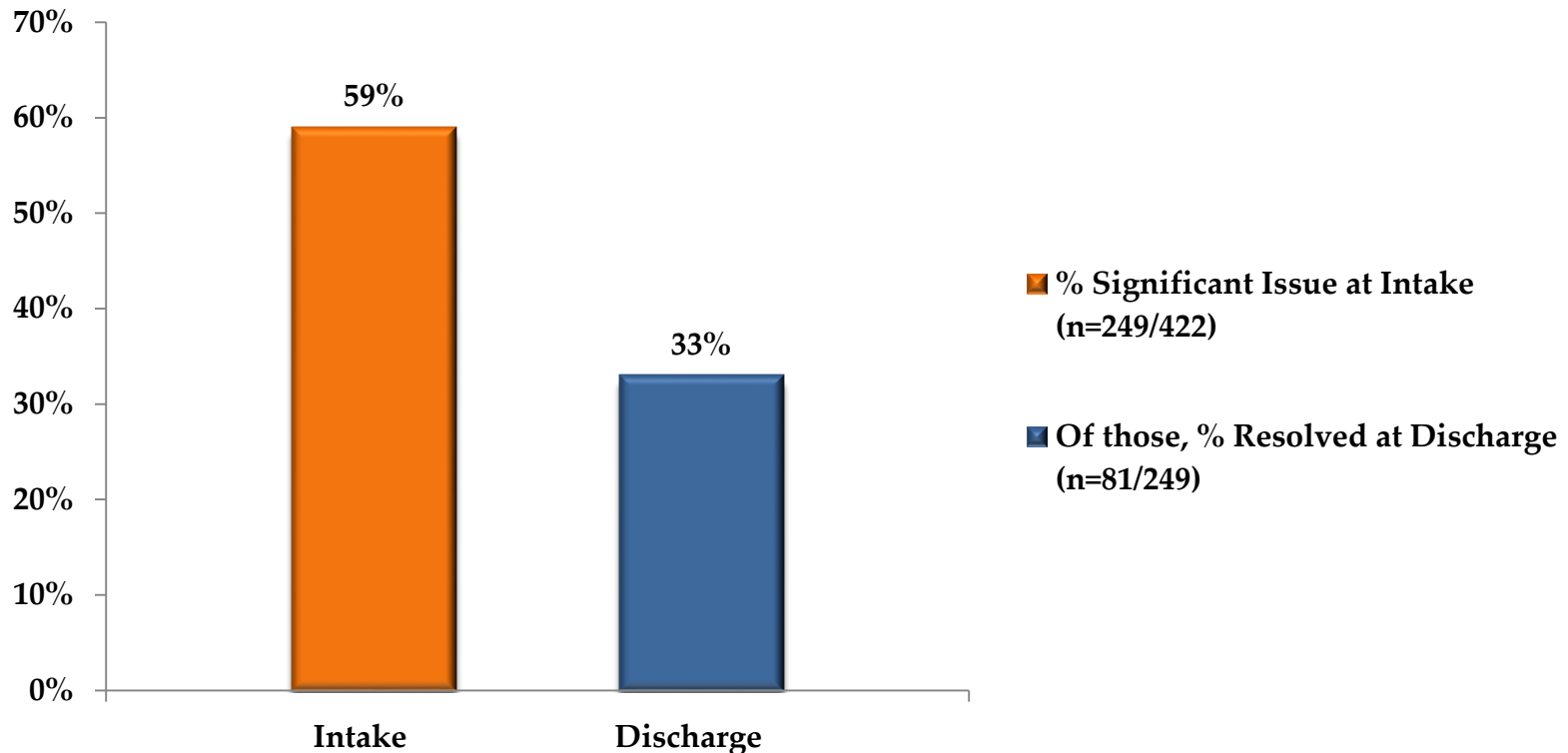


Goal: Increase a Network of Community Support Services

Community Partners Identified in Each MHSA Annual Plan by Fiscal Year



Children and Youth - Community Life



Section II

Based on the data presented concerning **increasing consumer/family involvement** and **increasing community support** for DBH clients, discuss:

- Strengths of the current activities to meet the goals
- Opportunities to strengthen how the department meets/measures the referenced goals

Section III

Increase access to mental health and co-occurring treatment services;

Reduce disparities in racial, ethnic, and cultural groups

INCREASE ACCESS TO MENTAL HEALTH AND CO-OCCURRING TREATMENT SERVICES



Goal: Increase Access to Mental Health Treatment and Services for Co-occurring Problems

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Programs Designed to Overcome Commonly Identified Challenges in Accessing Services

	C-1	C-2	TAY-1	A-1	A-2	A-3	A-4	A-6	A-7	OA-1	OA-2
Mobile/In-Home	X	X			X	X		X	X	X	X
Regional	X		X	X			X	X			
Transportation			X	X		X			X	X	X

Goal: Increase Access to Mental Health Treatment and Services for Co-occurring Problems

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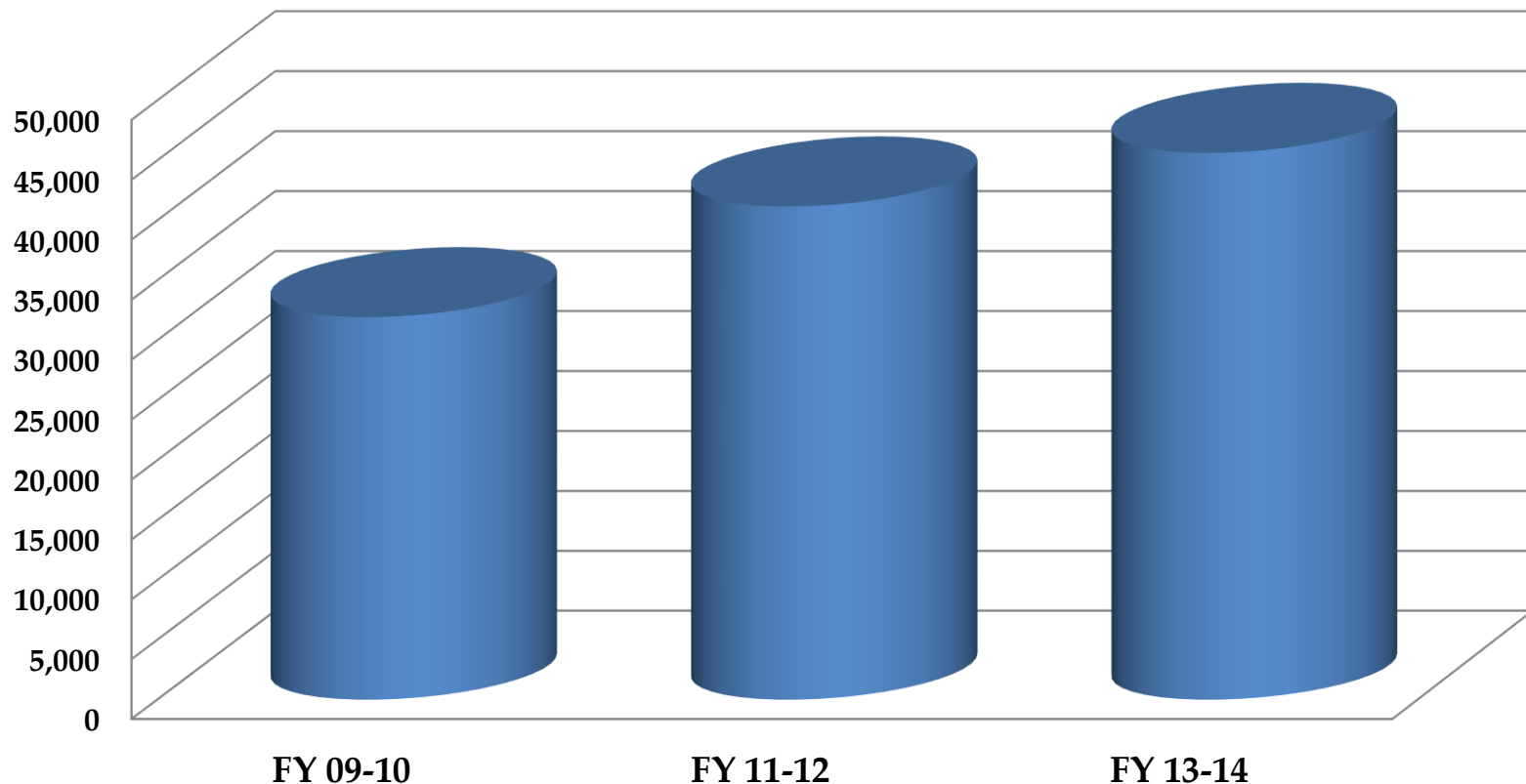
Programs Designed to Include Screening, Referral, and/or Intervention for Substance Abuse

	C-1	C-2	TAY-1	A-2	A-3	A-4	A-5	A-6	A-7	A-9
Screening	X	X	X	X	X	X	X	X	X	X
Referral			X	X	X	X	X	X	X	X
Intervention	X	X	X							

Goal: Increase Access to Mental Health Treatment and Services for Co-occurring Problems

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Numbers Served in CSS



Goal: Increase Access to Mental Health Treatment and Services for Co-occurring Problems

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Average Number of Days from a CWIC Service to an Outpatient Service FY 2013/2014

Region	Average Days
Mountain /Desert	51.3
Central	31.2
Eastern Desert	33.7
All Clinics Combined	36.2



Goal: Increase Access to Mental Health Treatment and Services for Co-occurring Problems

Access , Coordination, and Enhancement (ACE) Program

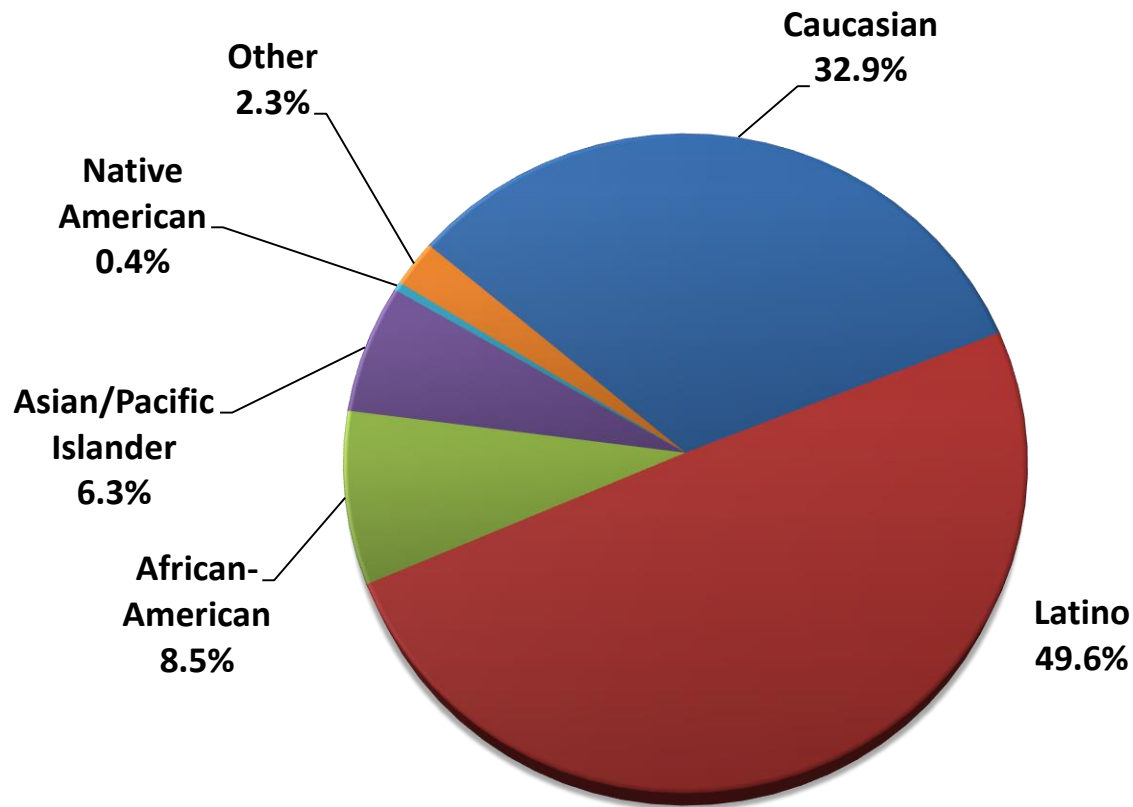
- ACE services have been added to the four (4) major regional clinics: Phoenix, Upland Community Counseling, Mesa Counseling, and Victor Valley Behavioral Health.
- Additional staff will be added to two (2) rural, desert clinics located in Barstow and Needles.
- The ACE program will increase clinical staffing to perform screening and intake assessments.
- The program will increase walk-in hours from 33 per week to **120** hours per week by establishing five (5) days-a-week, 8:00 am - 5:00 pm walk-in assessment for clients.
- Program data will be presented next fiscal year to track progress and outcomes related to increasing access.

REDUCTION IN DISPARITIES IN ETHNIC, RACIAL, AND CULTURAL GROUPS

Goal: Reduction in Disparities in Racial and Ethnic Populations

Page 36

San Bernardino County Data: Estimated Total Population

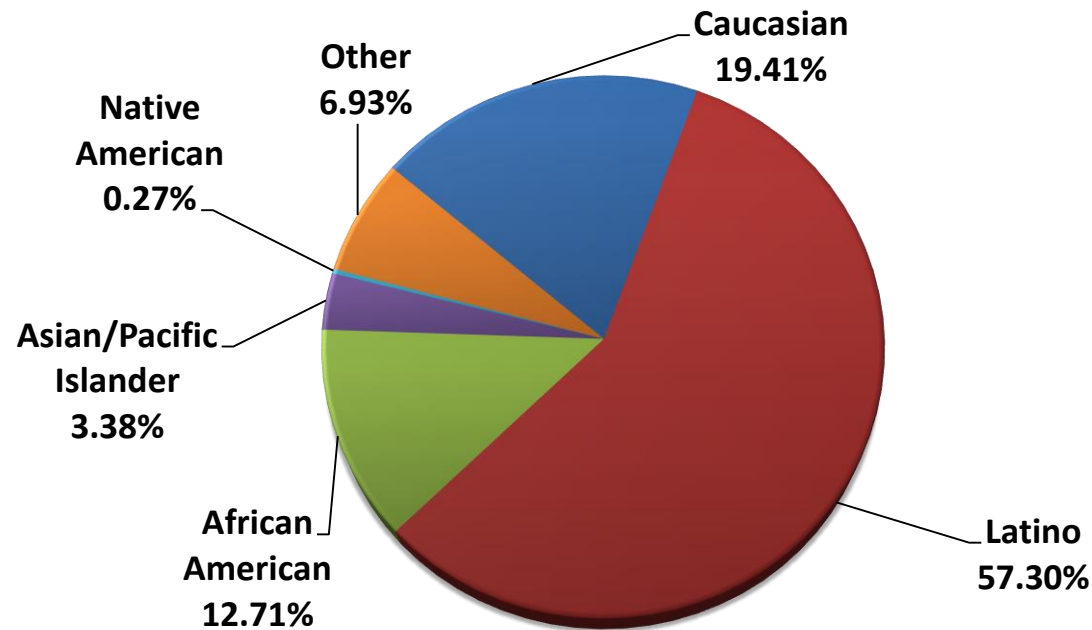


Goal: Reduction in Disparities in Racial and Ethnic Populations

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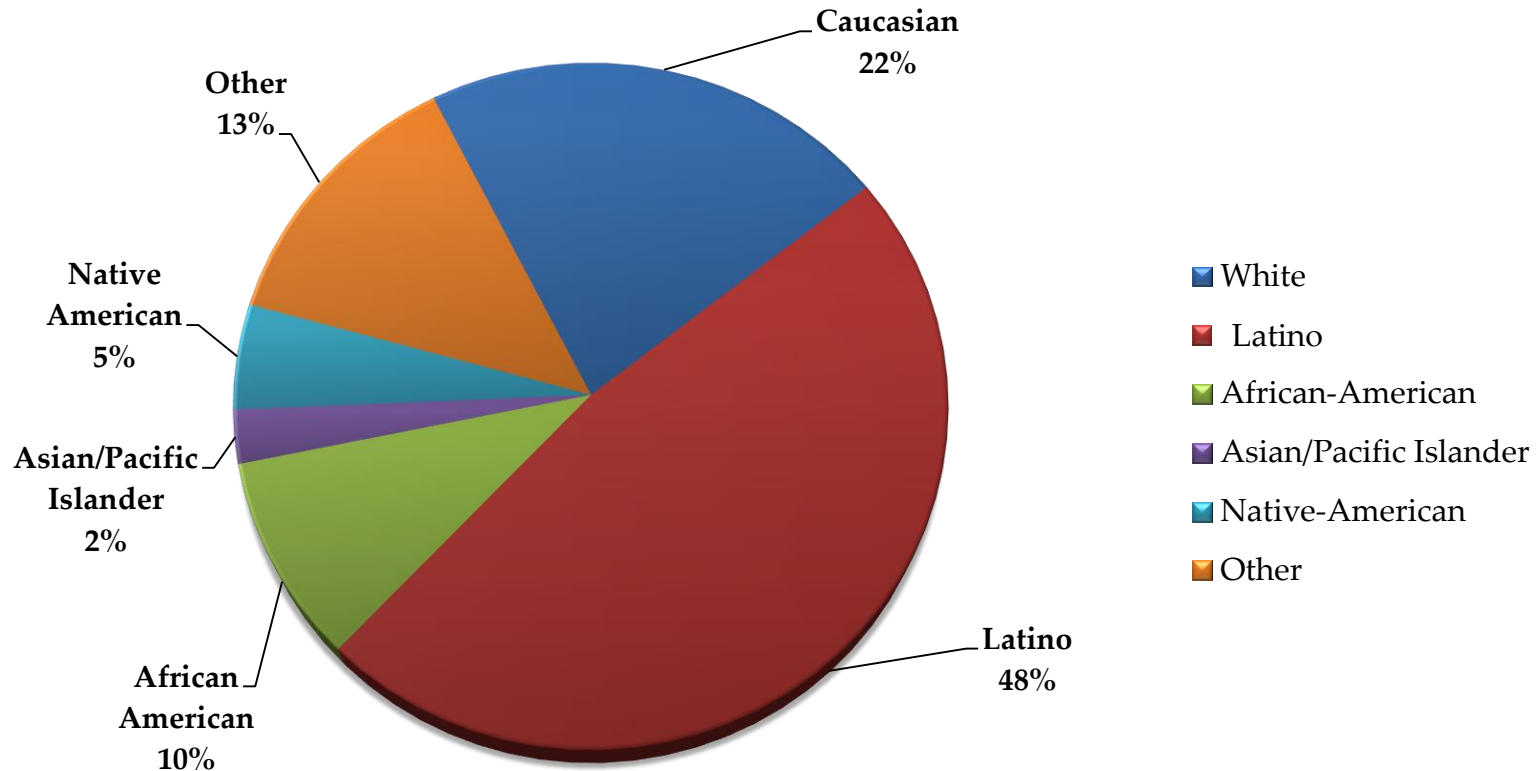
San Bernardino County Data: Medi-Cal Beneficiaries

Average Monthly Medi-Cal Enrollment by Race/Ethnicity



Goal: Reduction in Disparities in Racial and Ethnic Populations

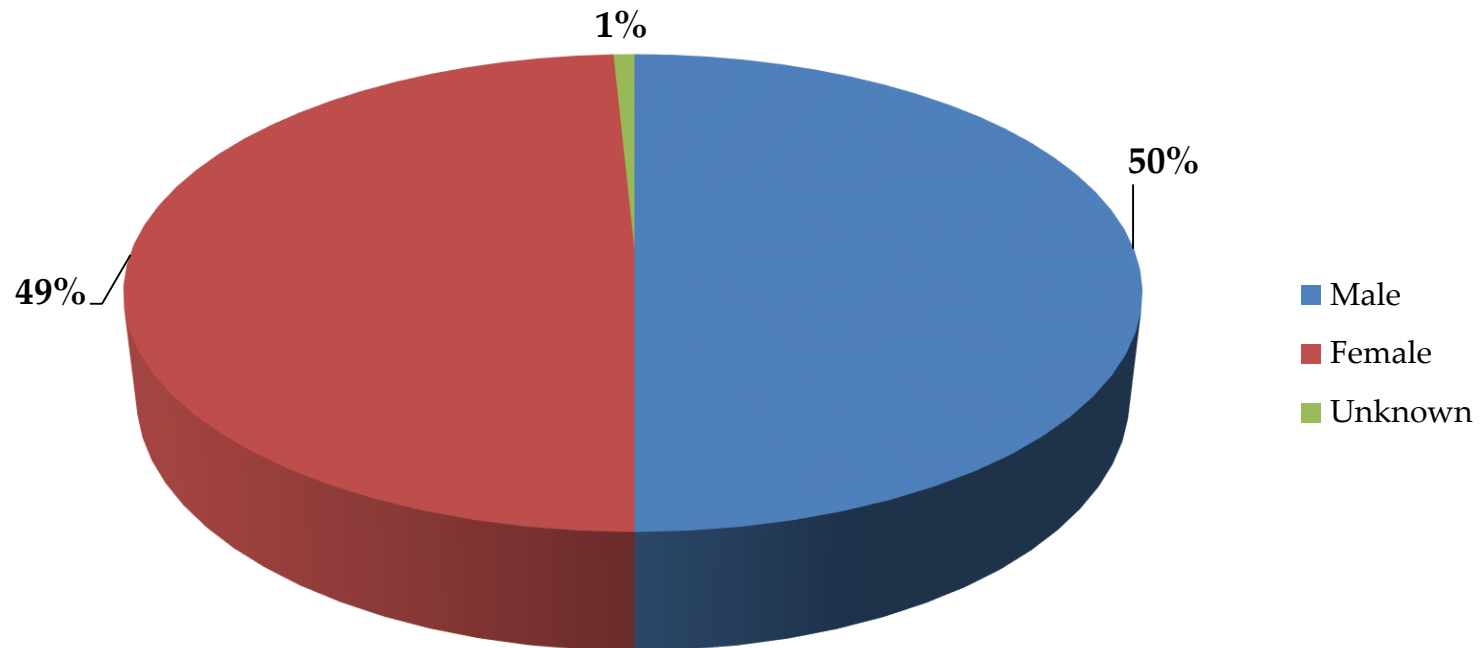
All Residents Served Through Medi-Cal and MHSA Calendar Year 2012



Goal: Reduction in Disparities in Racial and Ethnic Populations

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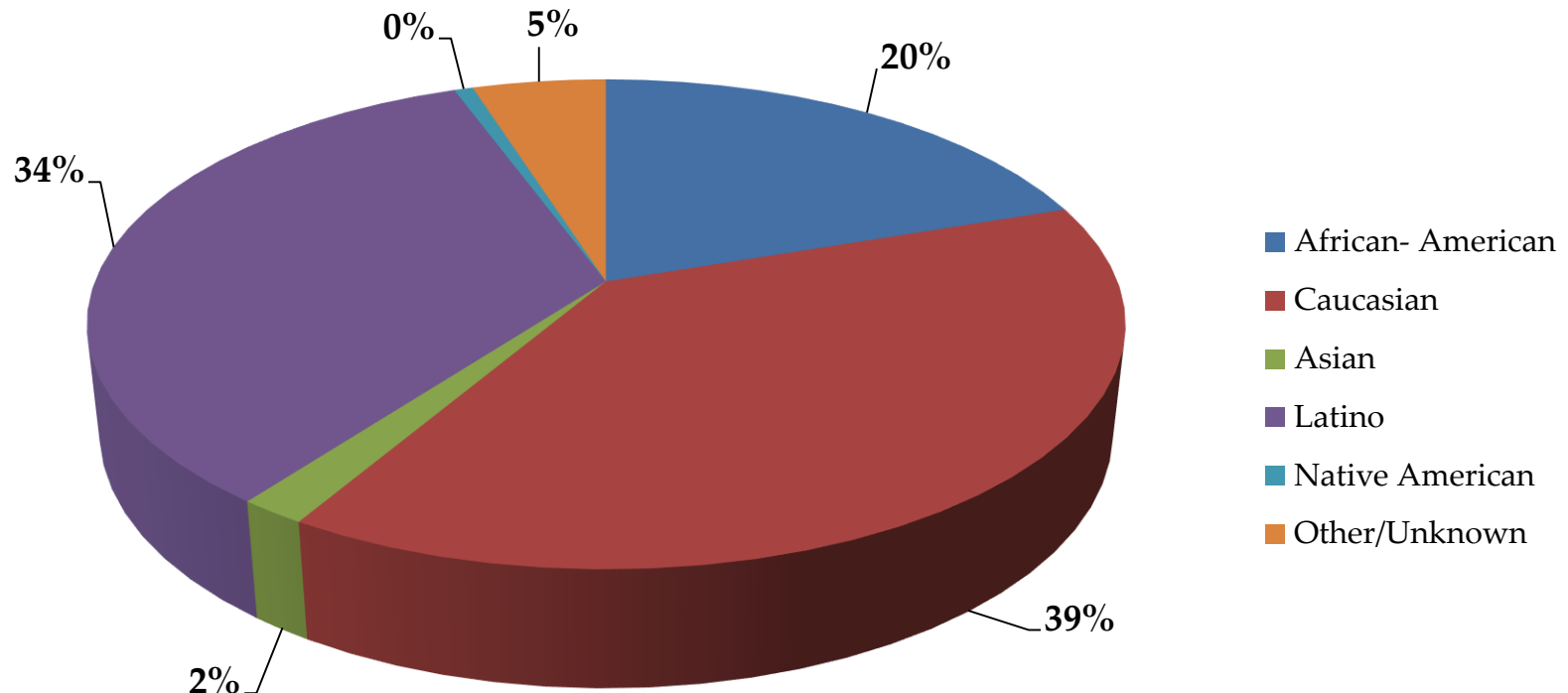
CSS Clients by Gender



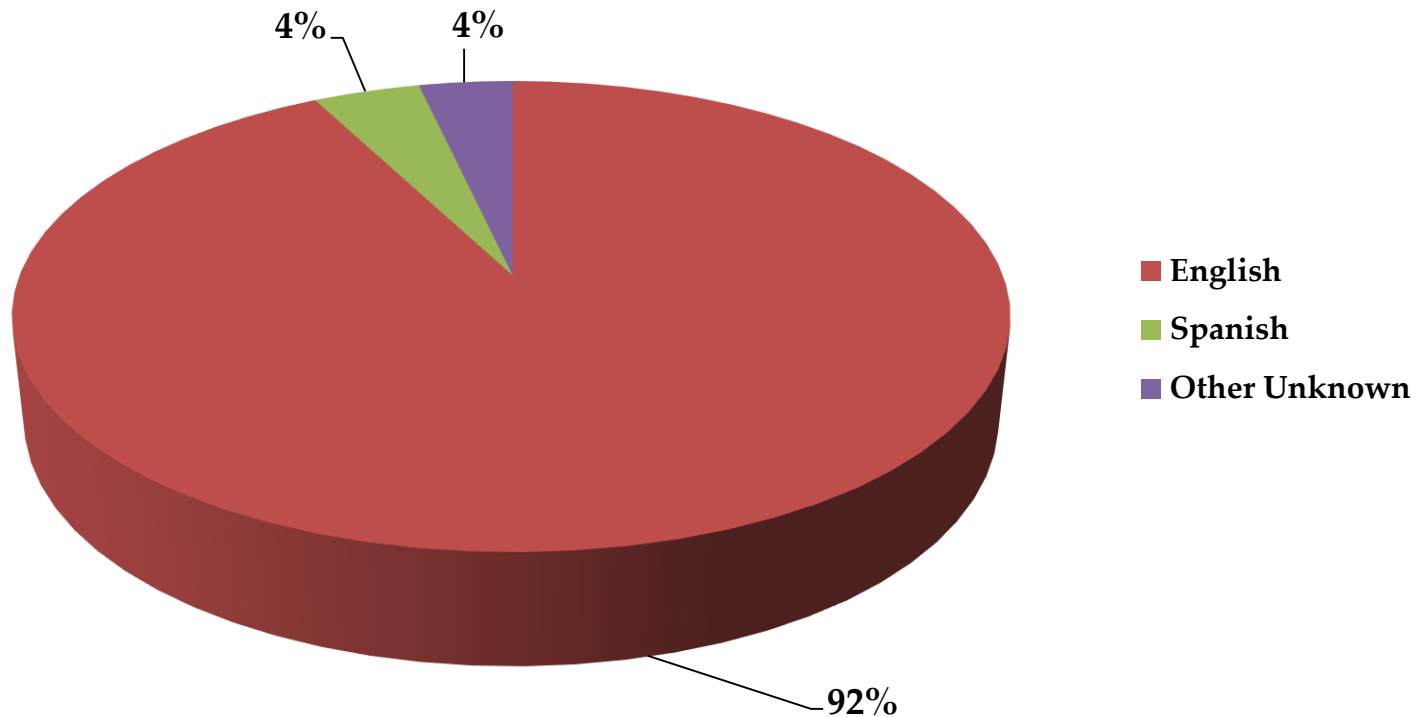
Goal: Reduction in Disparities in Racial and Ethnic Populations

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Ethnicities Served Across FSP Programs



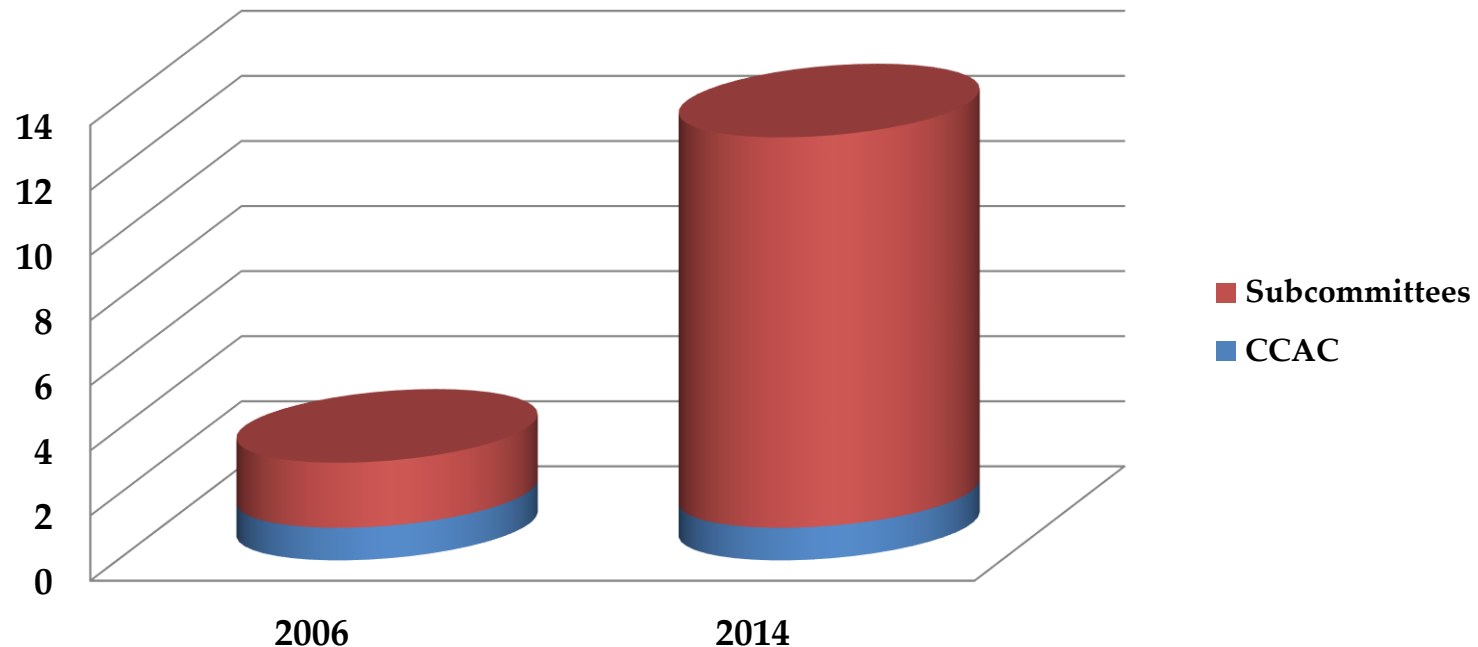
CSS Client Language Group



Goal: Reduction in Disparities in Racial and Ethnic Populations

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Cultural Competency Committee and Subcommittees



Goal: Reduction in Disparities in Racial and Ethnic Populations

Strategies to enhance knowledge and increase access to services include ongoing outreach and engagement activities to cultural populations

CCAC Sub-Committees:

- *Asian Pacific Islander Awareness Subcommittee*
- *Co-occurring and Substance Abuse Awareness Committee*
- *Disabilities Awareness Subcommittee*
- *African American Awareness Subcommittee*
- *Latino Awareness Subcommittee*
- *Women's Awareness Subcommittee*
- *Consumer and Family Members Awareness Subcommittee*

CCAC Sub-Committees:

- *Lesbian, Gay, Bisexual, Transgender and Questioning Subcommittee*
- *Native American Awareness Committee*
- *Spirituality Awareness Subcommittee*
- *Transition Age Youth Awareness Subcommittee*
- *Veterans Awareness Subcommittee*

Section III.

Based on the information presented concerning **increasing access to mental health services** and **reducing disparities**, please discuss:

- Strengths of the current activities/measures to meet the goals
- Opportunities to strengthen how the department meets/measures the referenced goals

Section IV

**Reduce homelessness for target population
and increase safe and permanent housing;**

**Reduce out-of-home placements for children
and youth**

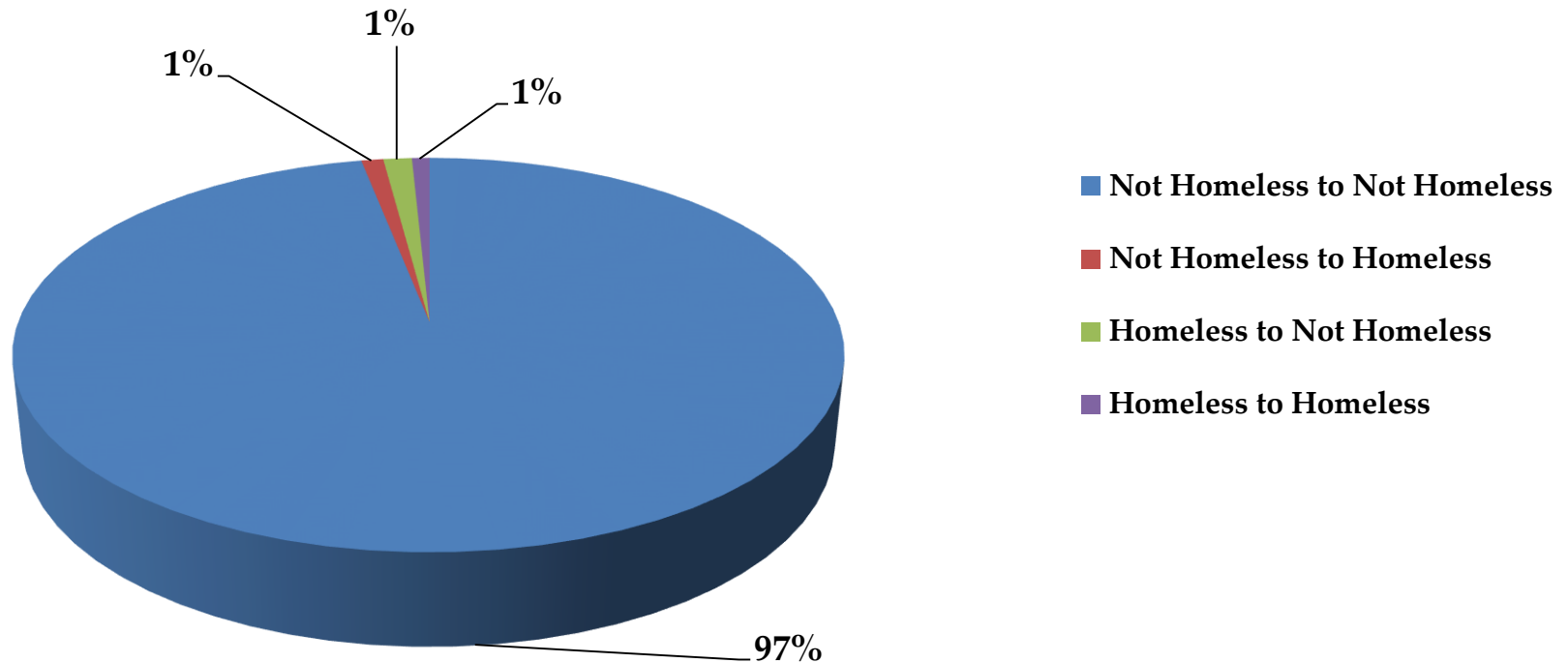
REDUCE HOMELESSNESS FOR TARGET POPULATION AND INCREASE SAFE AND PERMANENT HOUSING



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

Page 47

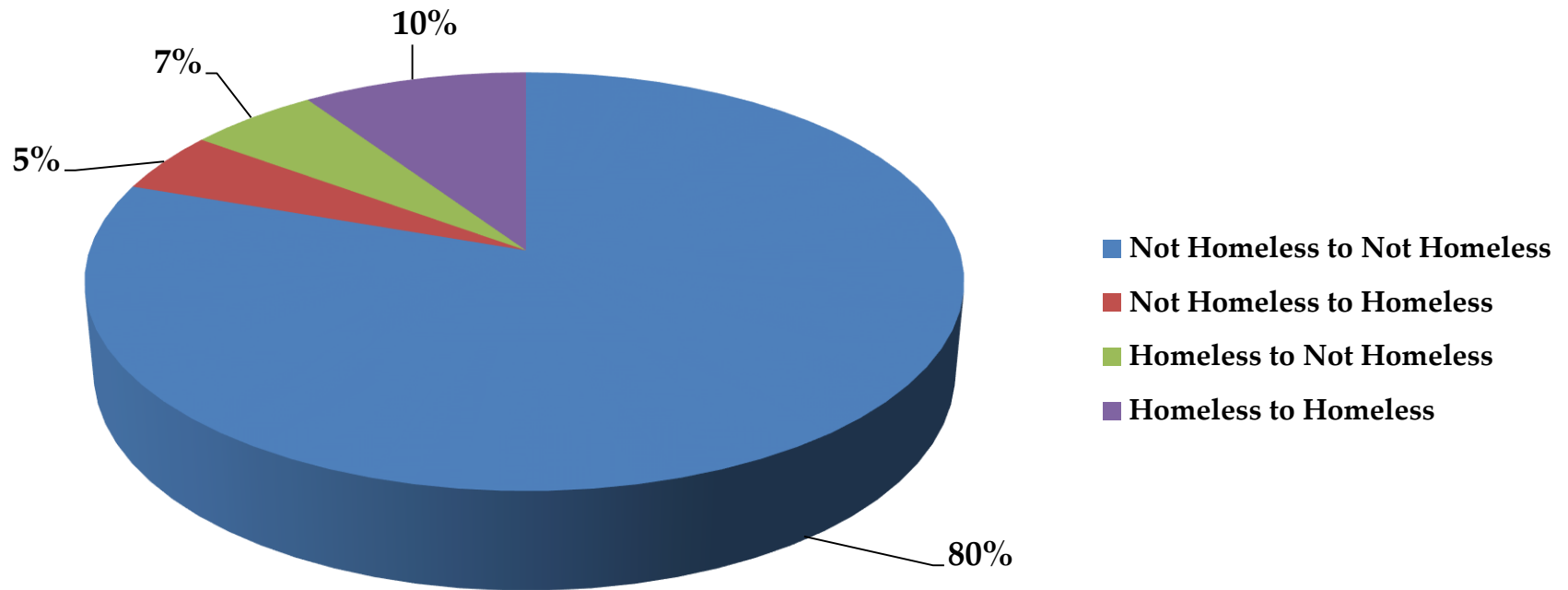
Change in Homelessness Status of Children Aged 0-15 Enrolled in FSP Services from FY 2011/2012 through FY 2013/2014



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

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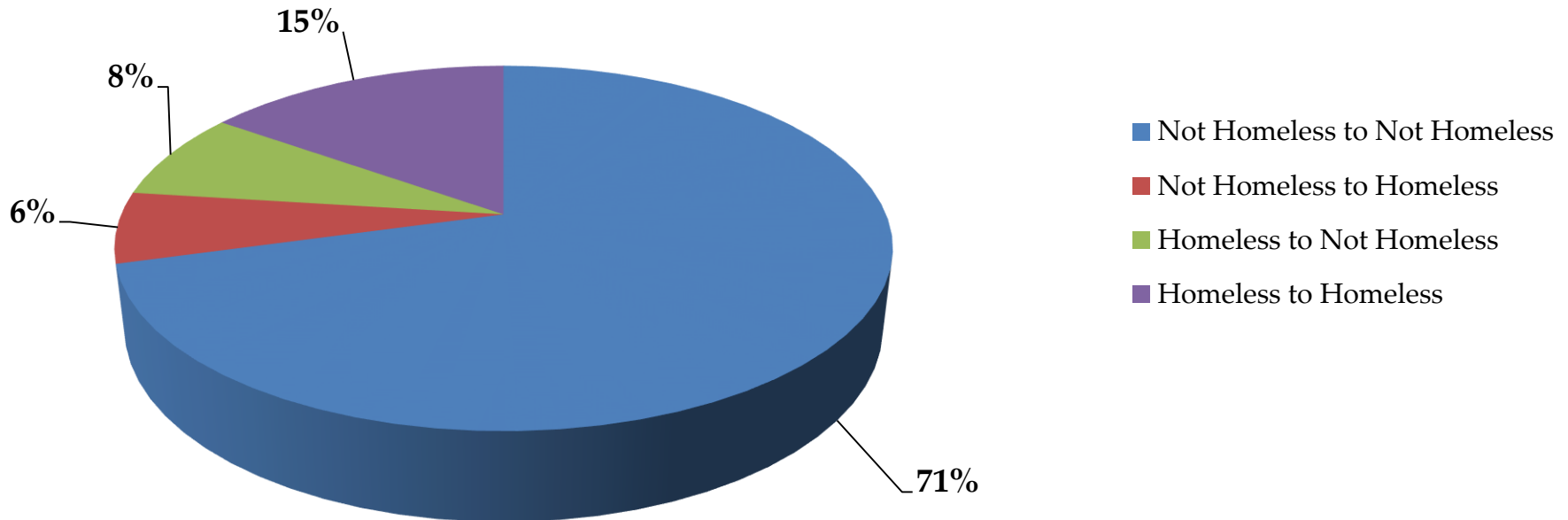
Change in Homelessness Status of TAY aged 16-25 Enrolled in FSP Services from FY 2011/2012 through FY 2013/2014



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

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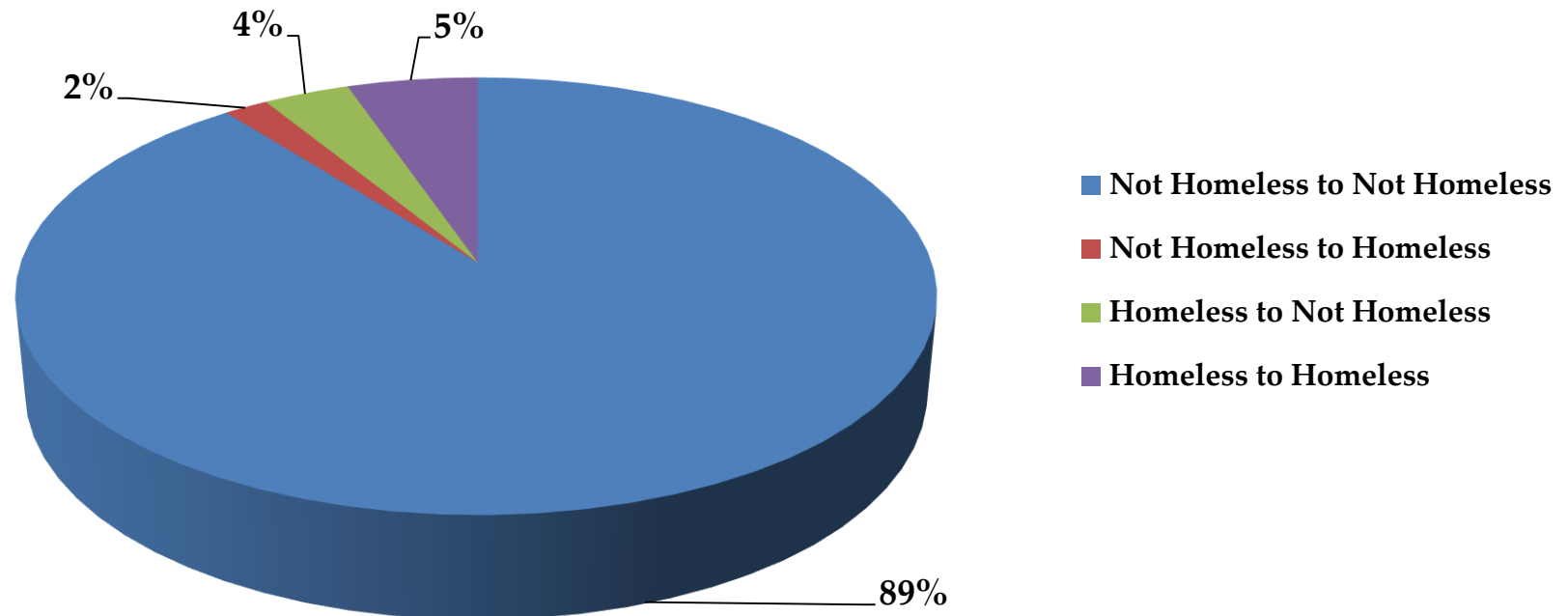
Change in Homelessness Status of Adults aged 26-60 Enrolled in FSP Services from FY 2011/2012 through FY 2013/2014



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

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Change in Homelessness Status of Older Adults aged 61+ Enrolled in FSP Services from FY 2011/2012 through FY 2013/2014



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

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- Phoenix Apartments
- Magnolia@ 9th St. Senior Apartments
- Vintage @ Kendall Senior Apartments
- Mt. Breeze Villas Apartments
- Siena Apartments
- Bloomington Project Apartments
- Horizons At Yucaipa (pending)



Goal: Reduce Homelessness and Increase Safe and Permanent Housing

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Total number of MHSA Units for all projects: 94

Total number of Affordable Housing Units: 711

Housing Dollars Leveraged: \$116,956,514

Total Development Dollars Leveraged: \$136,921,370

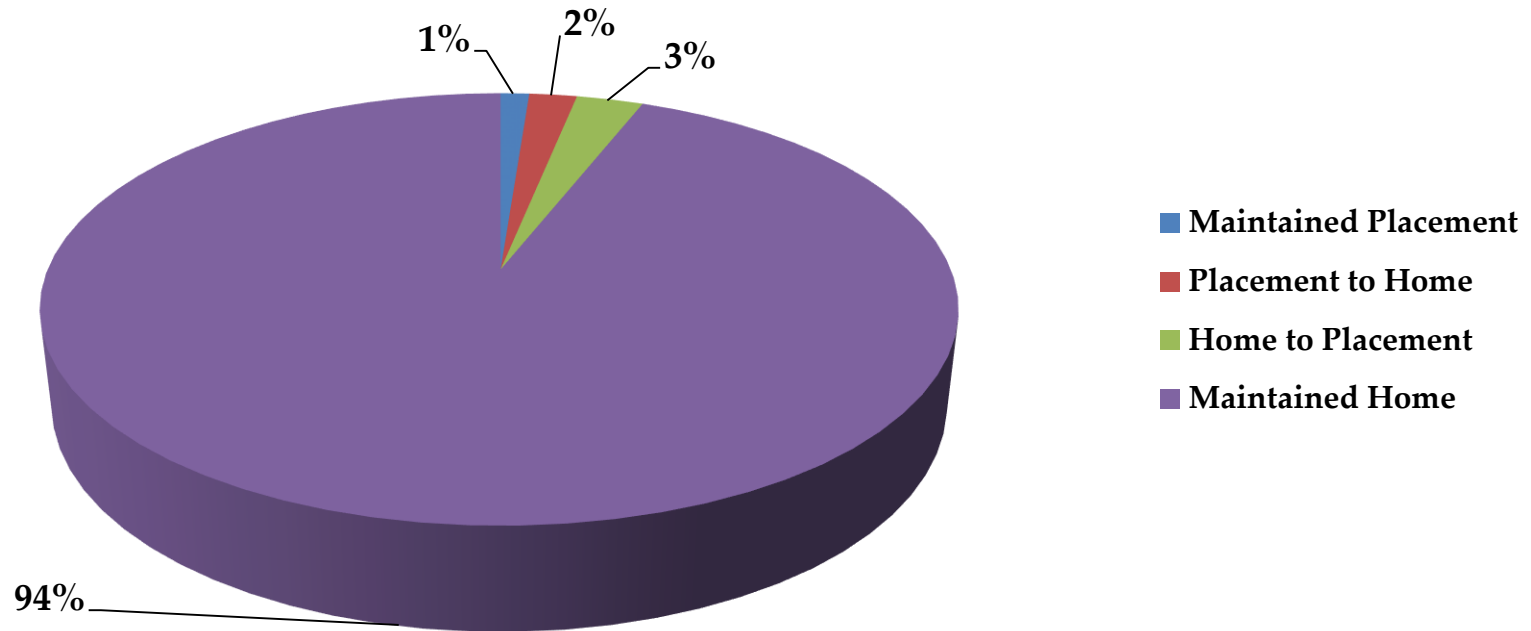


REDUCE THE NUMBER OF OUT-OF-HOME PLACEMENTS DUE TO MENTAL HEALTH ISSUES



Goal: Reduce Out-of-Home Placements for Children and Youth

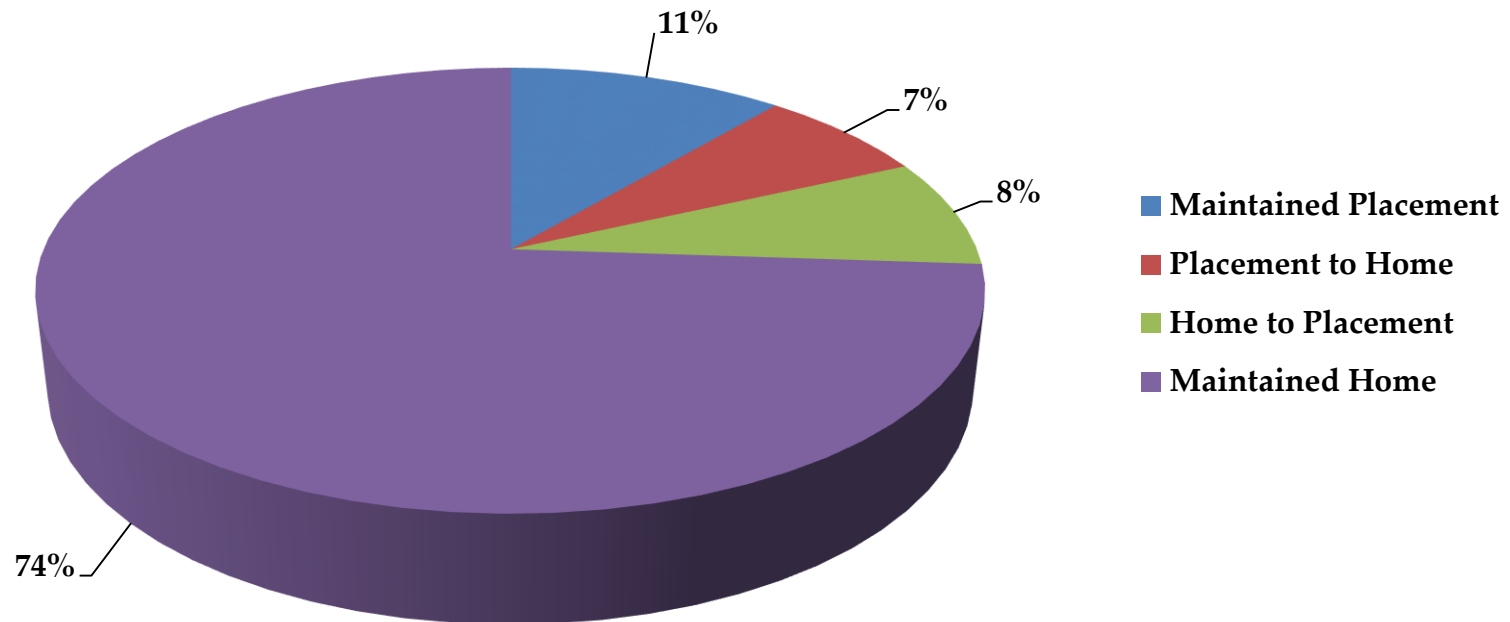
Children Aged 0-15 Enrolled in FSP Services Residential Status from FY 2011/2012 through FY 2013/2014



Goal: Reduce Out-of-Home Placements for Children and Youth

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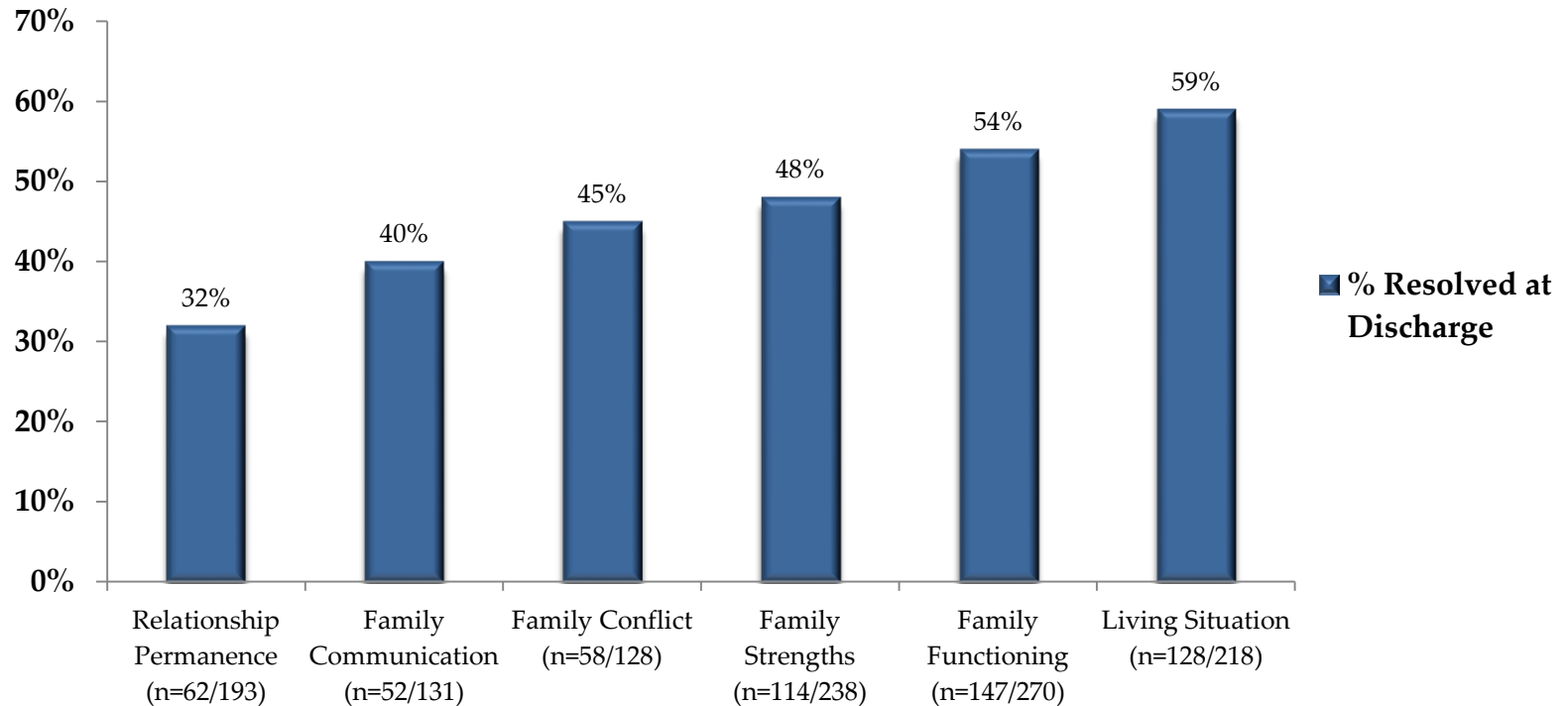
TAY Aged 16-25 Enrolled in FSP Services Residential Status from FY 2011/2012 through FY 2013/2014



Goal: Reduce Out-of-Home Placements for Children and Youth

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Reduce Out-of-Home Placements: Increase Family Functioning & Strengths



Section IV.

Based on the information presented concerning **decreasing subjective suffering and reducing homelessness** for DBH clients, discuss:

- Strengths of the current activities to meet the goals
- Opportunities to strengthen the how the department meets the referenced goals

Section V

Reduction in adult criminal and juvenile justice involvement;

Reduce frequency of emergency room visits and unnecessary hospitalizations.

REDUCTION IN CRIMINAL AND JUVENILE JUSTICE INVOLVEMENT



Integrated New Family Opportunities (INFO) Program (Children and Youth)

	Reduction in Recidivism	Reduced Detention Days	Reduced Sustained Allegations
FY 10-11	20%	Not Reported	Not Reported
FY 11-12	15%	Not Reported	88%
FY 12-13	55%	20%	83%

Goal: Reduction in Adult Criminal and Juvenile Justice Involvement

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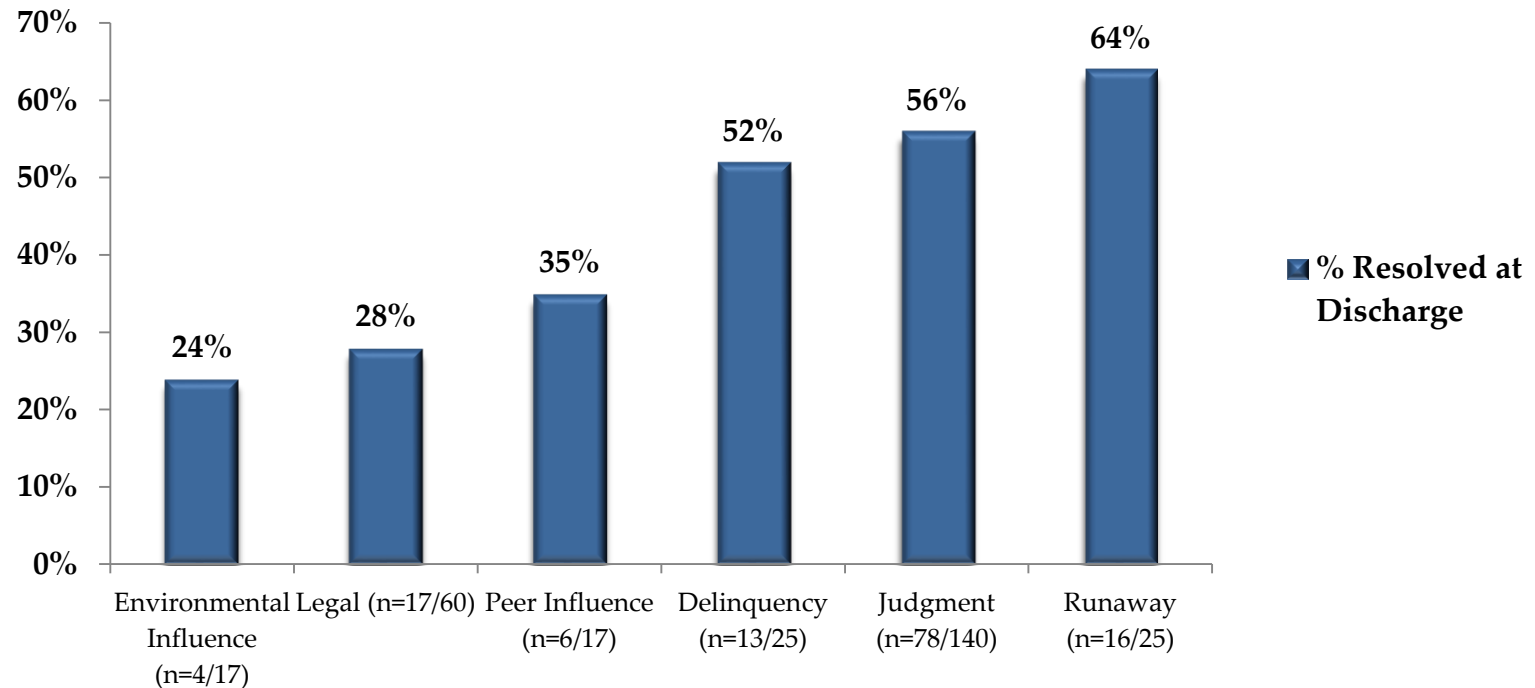
Integrated New Family Opportunities (INFO) Program (Children and Youth)

	Combined Days in Detention Prior to Program	Combined Days in Detention After Program	Percentage Change
FY 10-11	4,703	791	-83%
FY 11-12	774	242	-68%
FY 12-13	4,877	726	-85%

Goal: Reduction in Adult Criminal and Juvenile Justice Involvement

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Overall Children's System of Care Reduce Juvenile Justice Involvement: Decrease Delinquency & Contributing Factors



Supervised Treatment After Release (STAR) Program (Adults)

	Reduced Jail Days	Reduced Psychiatric Hospitalizations	Homeless Days
FY 10-11	99%	93%	0
FY 11-12	99%	96%	0
FY 12-13	99%	90%	0

Goal: Reduction in Adult Criminal and Juvenile Justice Involvement

Page 64

Forensic Assertive Community Treatment (FACT) Program (Adult)

	Reduced Jail Days	Reduced Hospital Admissions	Reduced Homeless Days
FY 10-11	81%	57%	99%
FY 11-12	81%	46%	95%
FY 12-13	79%	54%	95%

REDUCE THE FREQUENCY OF EMERGENCY ROOM VISITS AND UNNECESSARY HOSPITALIZATIONS



Psychiatric Triage Diversion Program

FY 2013-2014

- 4,104 Individuals seen by Program
- 3,063, or 75%, of those individuals were diverted from hospitalization

FY 2012-2013

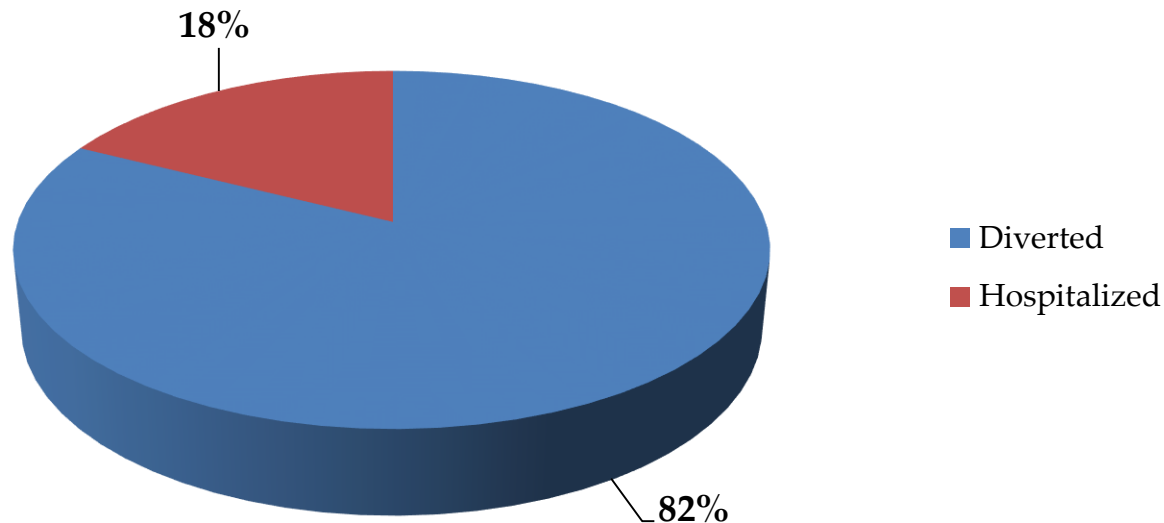
- 3,459 individuals seen by program
- 3,127, or 90%, were diverted to a more appropriate service

82.5% were diverted from hospitalization

Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

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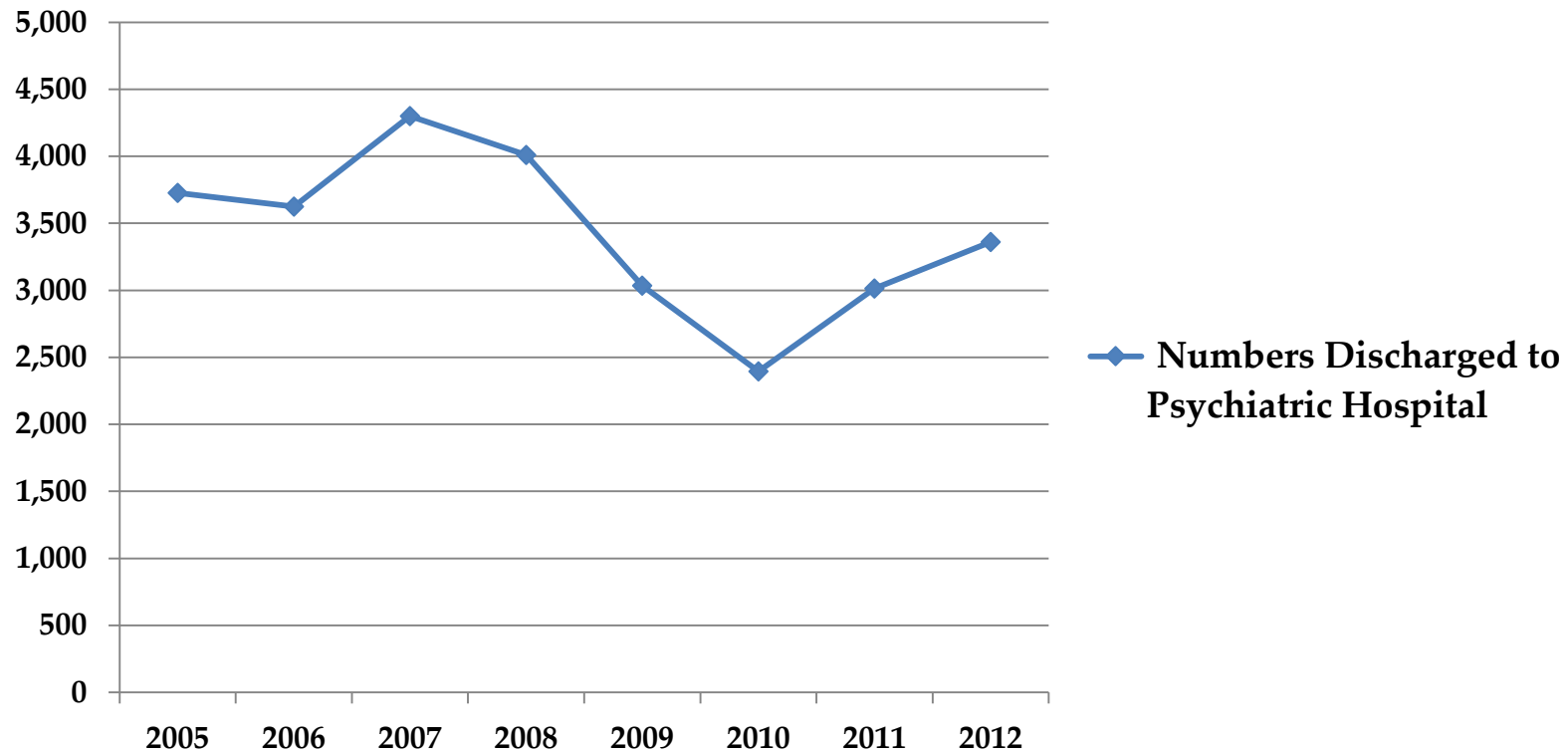
Hospital Diversion FY 2012/2013 and FY 2013/2014



Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

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Number of Persons Discharged from Emergency Departments to Psychiatric Hospitals



Source: Emergency Department Data 2005-2012. Office of Statewide Health Planning and Development

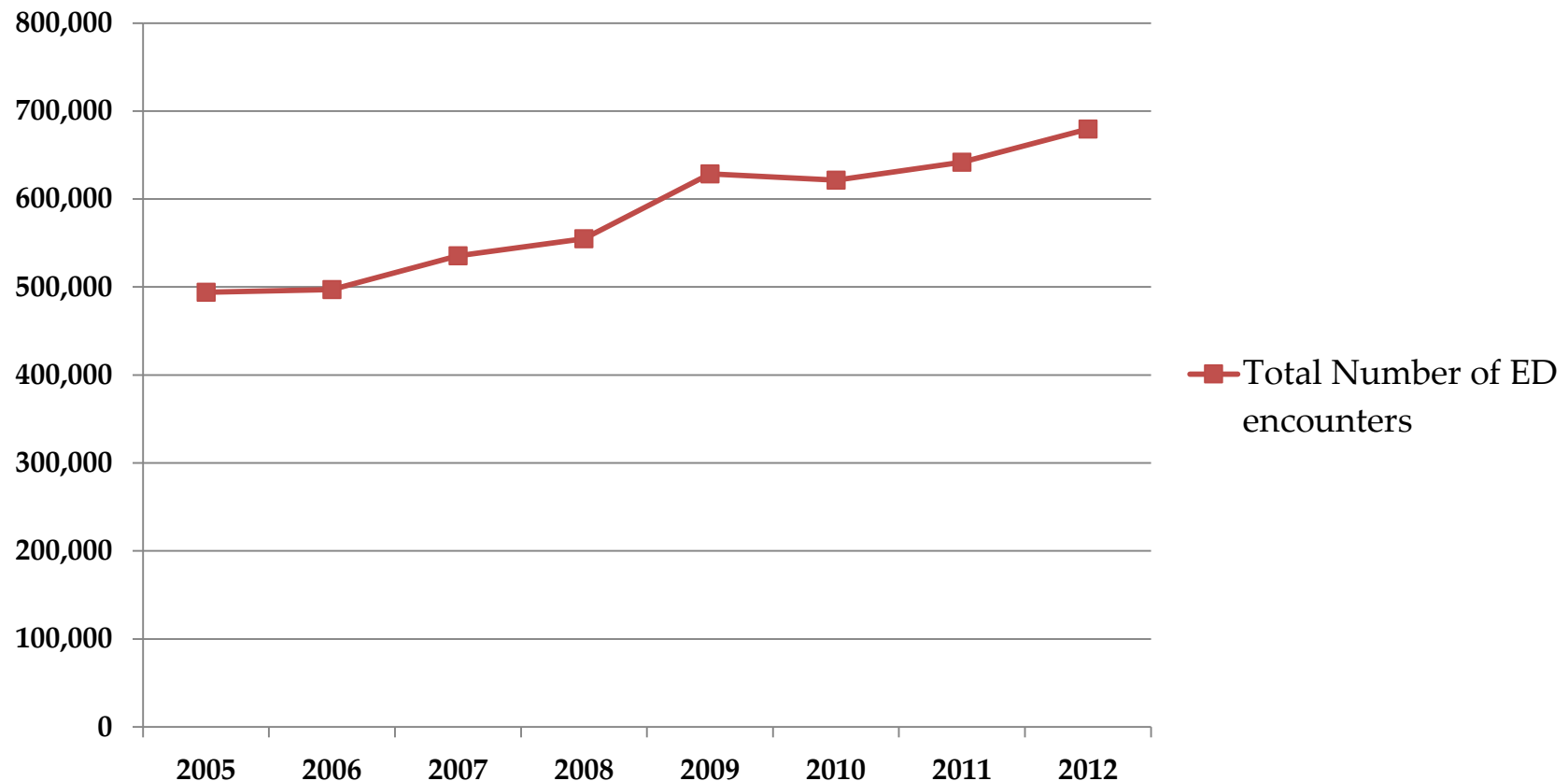


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Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

Total Number of Emergency Department Encounters

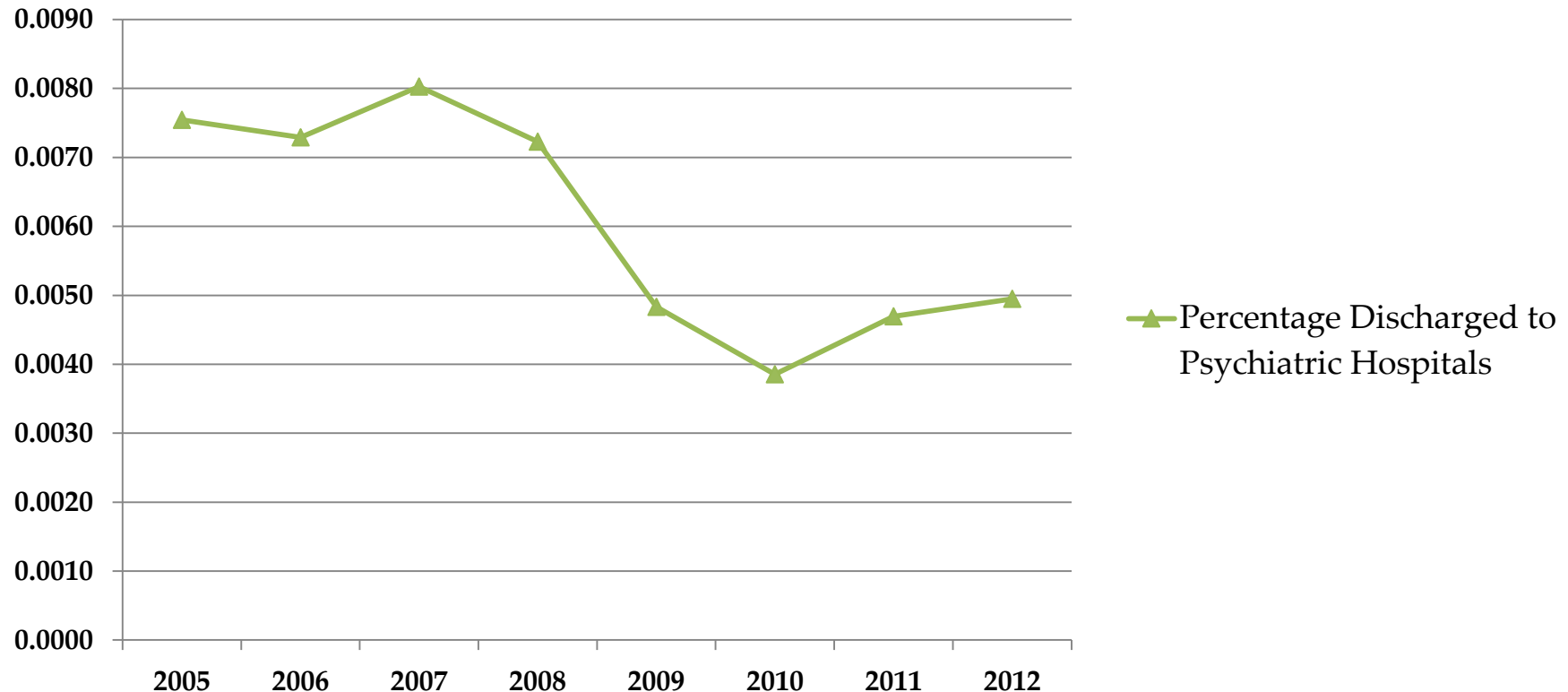


Source: Emergency Department Data 2005-2012. Office of Statewide Health Planning and Development

Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

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Percentage of Persons Discharged to Psychiatric Hospitals from Emergency Departments

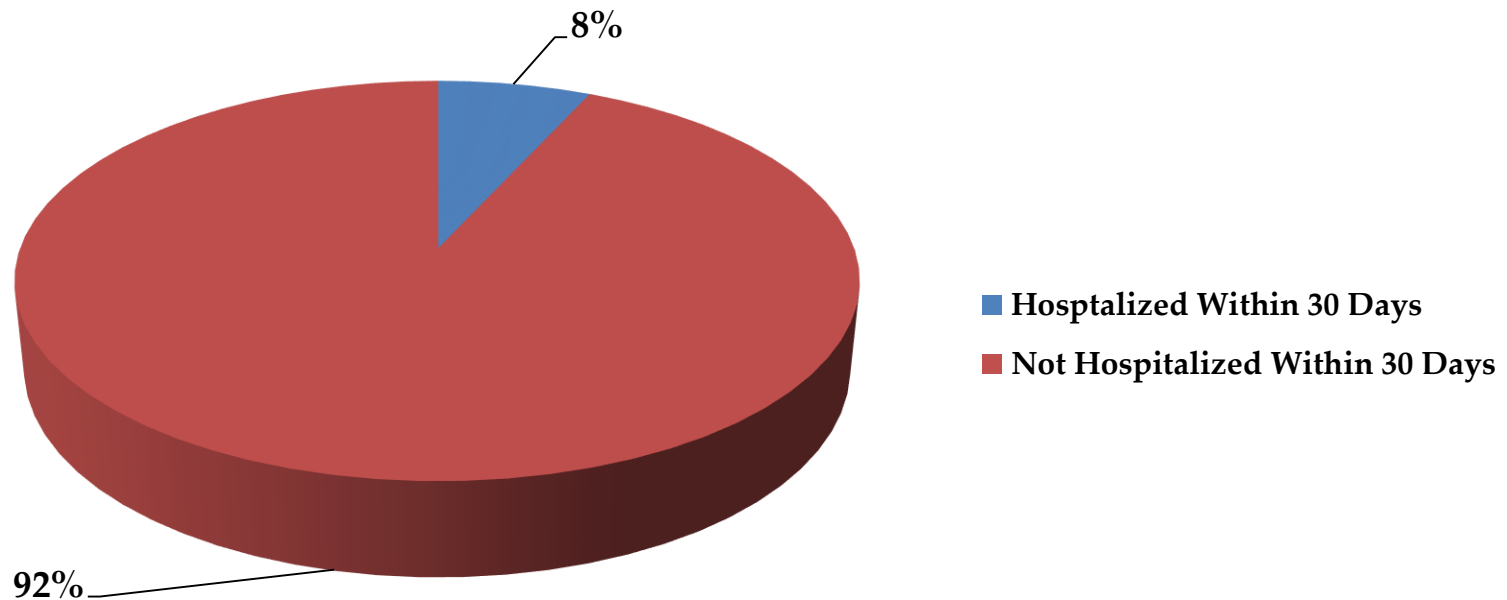


Source: Emergency Department Data 2005-2012. Office of Statewide Health Planning and Development

Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

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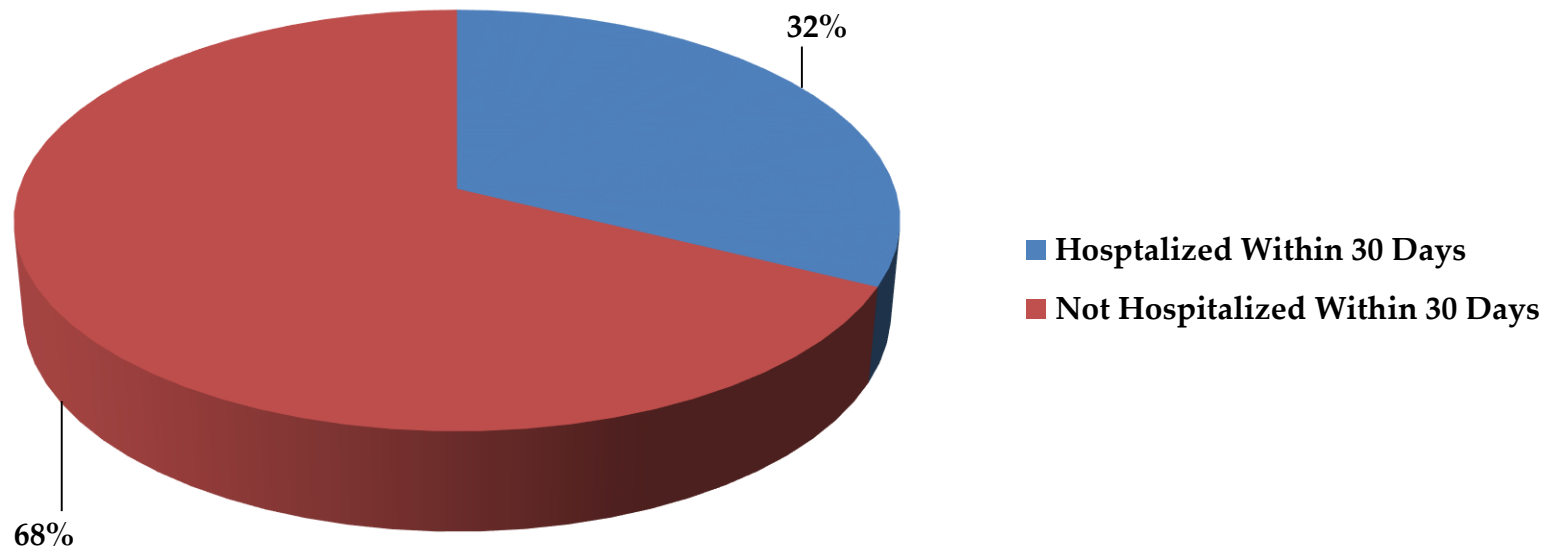
Percentage of Clients Hospitalized Within 30 Days
After a CWIC Visit FY 2013/2014



Goal: Reduce the Frequency of Emergency Room Visits and Unnecessary Hospitalizations

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Percentage of Clients Hospitalized Within 30 Days of a CCRT Visit FY 2013/2014



Section V

Based on the information presented concerning reducing criminal and justice involvement and reducing the frequency of emergency room visits and unnecessary hospitalizations and, please discuss:

- Strengths of the current activities/measures to meet the goals
- Opportunities to strengthen how the department meets/measures the referenced goals

Section VI.

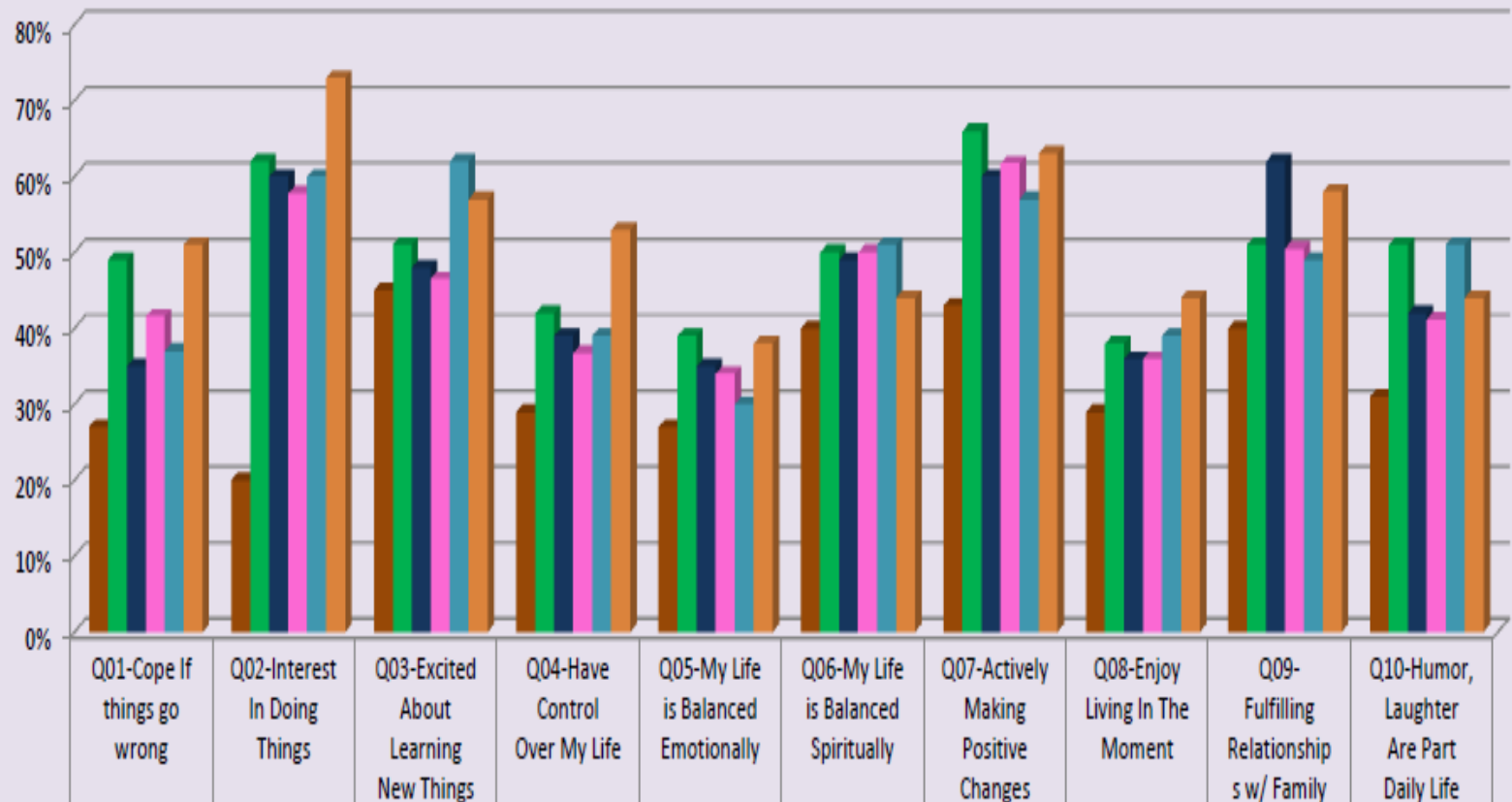
Reduce the subjective suffering from serious mental illness.

REDUCING THE SUBJECTIVE SUFFERING FROM SERIOUS MENTAL ILLNESS



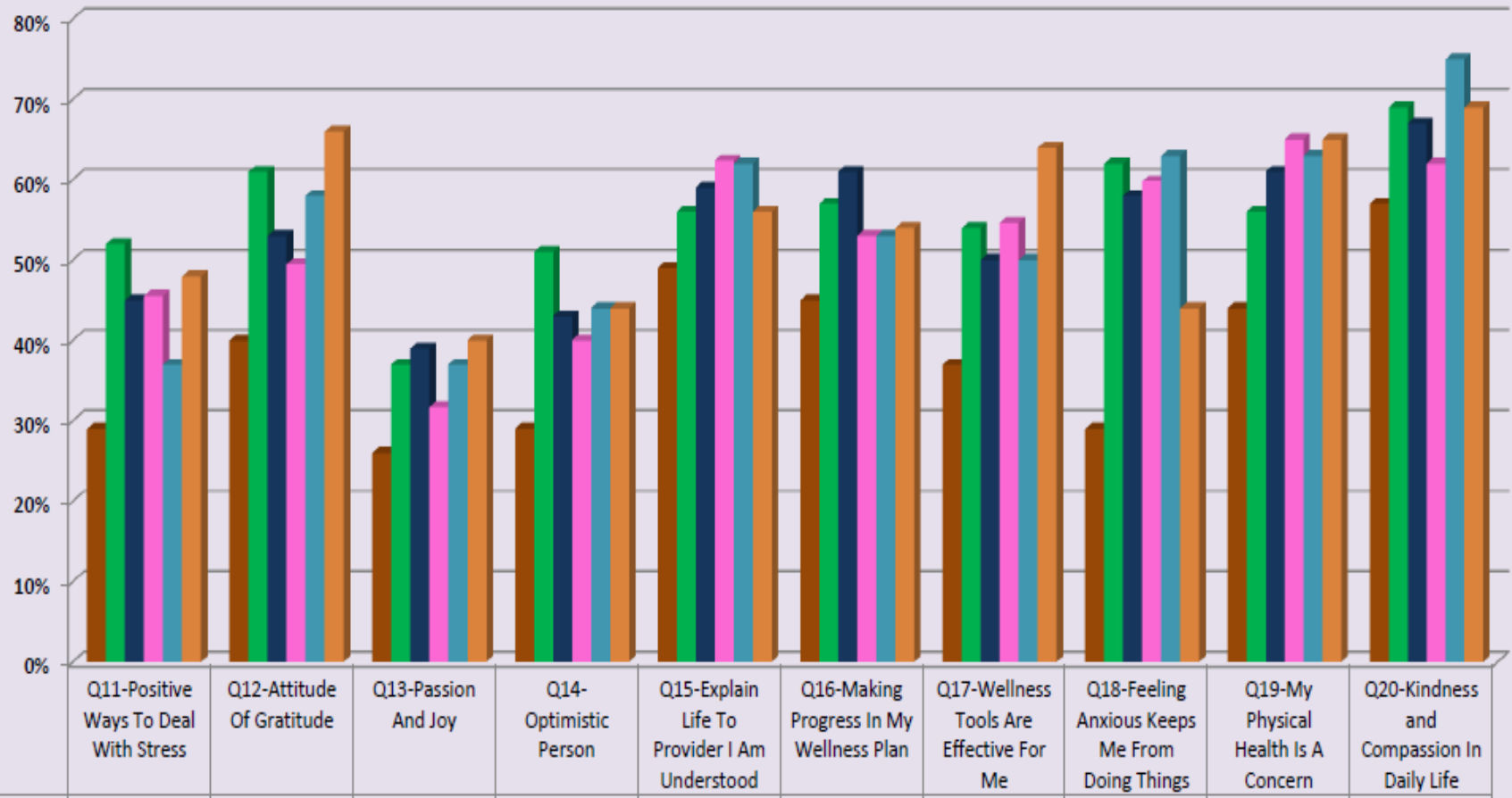
Goal: Reduce the Subjective Suffering from Serious Mental Illness

Life Satisfaction Survey Questions Comparison by Clinic
(Agree/Strongly Agree Answers for Questions 1-10)



Goal: Reduce the Subjective Suffering from Serious Mental Illness

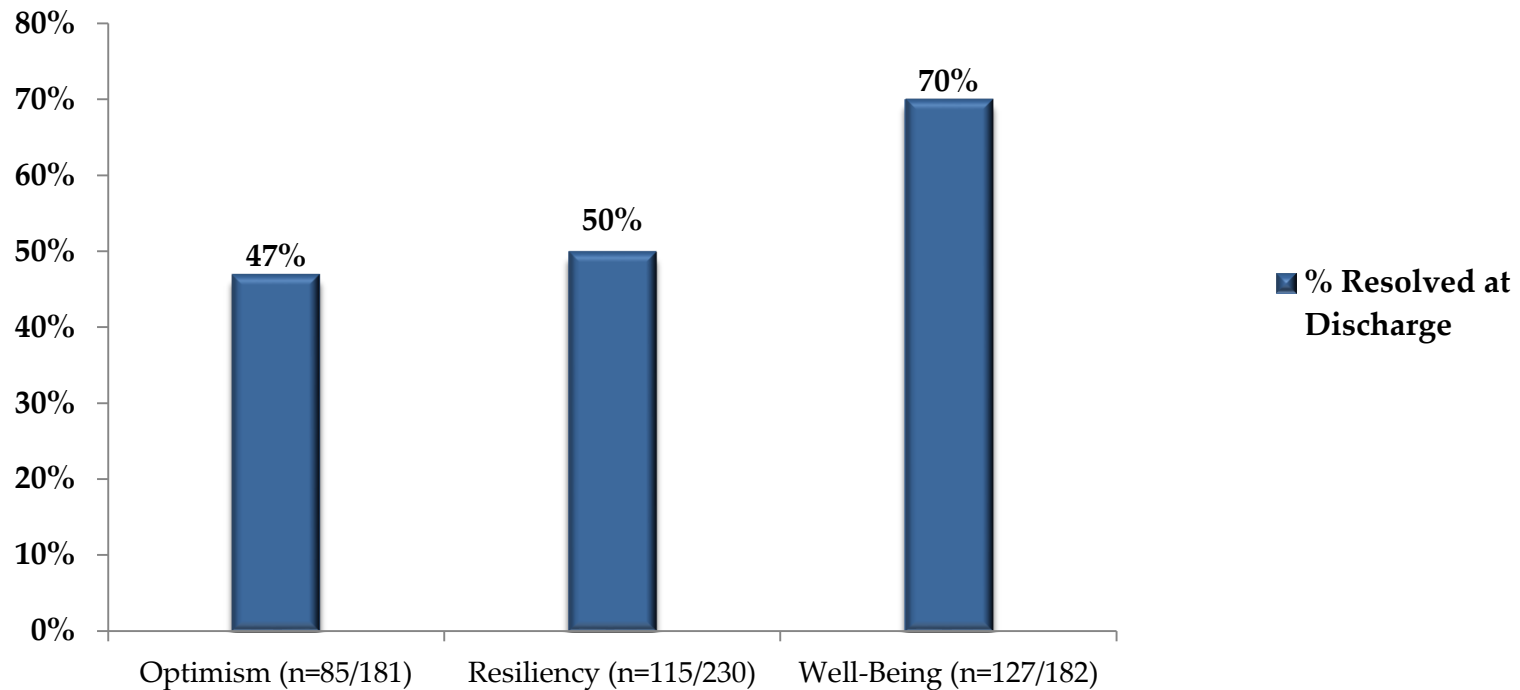
Life Satisfaction Survey Questions Comparison by Clinic
(Agree/Strongly Agree Answers for Questions 11-20)



Goal: Reduce the Subjective Suffering from Serious Mental Illness

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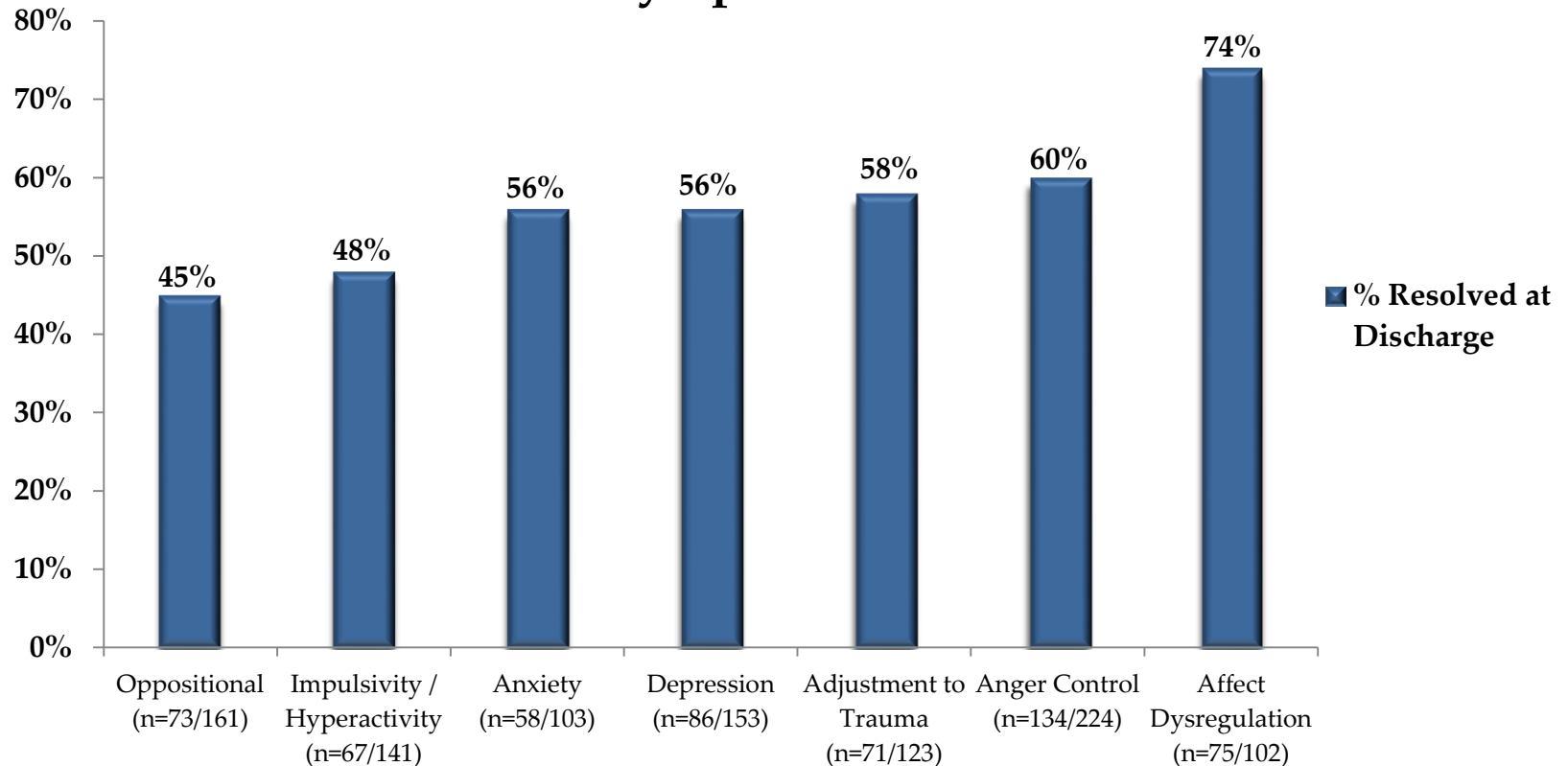
Decrease Subjective Suffering; Increase Strengths (Children and Youth)



Goal: Reduce the Subjective Suffering from Serious Mental Illness

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Decrease Subjective Suffering; Decrease Symptoms (Children and Youth)



Goal: Reduce the Subjective Suffering from Serious Mental Illness

Consumer Perception Survey (August 2013)

Q1. Adults. As a direct result of the services I received, I deal more effectively with daily problems.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Number of Responses	5	21	113	243	195	577
Percent of Responses	0.9%	3.6%	19.6%	42.1%	33.8%	100%

Goal: Reduce the Subjective Suffering from Serious Mental Illness

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Consumer Perception Survey (August 2013)

Q2. Children/Youth. As a result of services my child and/or family received, my child is better at handling daily life.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Number of Responses	11	35	122	322	214	704
Percent of Responses	1.6%	5.0%	17.3%	45.7%	30.4%	100%

Section VI

Based on the information presented concerning reducing the subjective suffering from serious mental illness, please discuss:

- Strengths of the current activities/measures to meet the goals
- Opportunities to strengthen how the department meets/measures the referenced goals

Mental Health Services Act

http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf

County of San Bernardino, Department of Behavioral Health MHSA Plans

<http://www.sbcounty.gov/dbh/mhsa/mhsa.asp#>

Office of Statewide Planning and Development

<http://www.oshpd.ca.gov/HID/Products/EmerDeptData/2005EmergencyDepartment.pdf>

Full Service Partnership Data Collection and Reporting System

<http://www.mhdata.org/resources>

Department of Behavioral Health Research and Evaluation Unit, Life Satisfaction Survey, Child and Adolescent Needs and Strengths (CANS)

California Institute for Behavioral Health Solutions, Consumer Perception Survey

<http://www.cimh.org/consumer-perception-surveys>

California Department of Finance Demographic Research Unit

Thank you for your thoughtful participation!

- **November CPAC will focus on PEI Outcomes**
- **Subsequent CPAC meetings will focus on Workforce Education and Training, and Innovation projects**

Your feedback is important to us.

Please ensure we have collected each of your surveys

For questions or comments, please contact

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MHSA@dbh.sbcounty.gov
(909) 252-4046